FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000072650 (3)

RIOMAR INTERESTS, INC.

Principal Place of Business

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



1101 BRICKELL AVE SUITE 1402 MIAMI FL 33131			1101 BRICKELL AVE SUITE 1402 MIAMI FL 33131					
Marami (E VVI	V'	WOUND IS SEED			DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualified 10/19/1993			
2. Principal P.	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			65-0443233		ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the d		tangibie	
24	25	29	30		Personal Property Tax due June 30.		□ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
DANNER, STEPHEN				81 Name				
)1 BRICKELL AVE ITE 1402		8:	Street A	ddress (P.O. Box Number is Not Acceptable)			
	MI FL 33131		8:	3	J			
			8-	City	· F	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or printed name of registered			gent signature re	equired when reinstating) DATE		BO 0140	
12.			13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE NAME			1.1 TITLE 1.2 NAME			L Change		
STREET ADDRESS 1101 BRICKELL AVE SUITE 1402			1.3 STREET ADDRESS					
CITY-ST-ZIP MIAMI FL			1.4 CITY	ST-ZIP	ı			
TITLE			2.1 TITLE			Change	Addition	
NAME			2.2 NAM				į	
STREET ADDRESS			2.3 STRE	T ADDRESS	1		i	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE	DELETE 31					Change	Addition	
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE	ET ADDRESS	1			
CITY-ST-ZIP	3.4			- ST - ZIP				
TITLE	DELETE 4.11					Change	Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- +		06	Addition	
TITLE			5.1 TITLE			L Change	Addition	
NAME			5.2 NAMI				f	
STREET ADDRESS				ET ADDRESS			ļ	
CITY-ST-ZIP		F Druste	5.4 CITY			Change	Addition	
TITLE		DELETE	6.1 TITLE			LT CHRUBE	T MODITION	
NAME			6.2 NAMI	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for an an attachment with an address.