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FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:13

DOCUMENT # **P94000030471 (4)**

1. Corporation Name

RIO SYSTEMS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7030 NW 179TH STREET SUITE 109 MIAMI FL 33015	7030 NW 179TH STREET SUITE 109 MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1994** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2429 SETTLERS TRAIL	26 2429 SETTLERS TRAIL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ORLANDO FL	28 ORLANDO FL
24 Zip 32837 / 25 Country ORANGE	29 Zip 32837 / 30 Country ORANGE

4. FEI Number: 59-3237665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUSSIER, JAMES R 225 E ROBINSON STREET SUITE 600 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 agent and title if signer is other) (NOTE: Registered Agent's signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	O	☒ Change ☐ Addition
NAME	PHELPS, DAVID	12 NAME	PHELPS, DAVID	
STREET ADDRESS	19 N STREET	13 STREET ADDRESS	2429 SETTLERS TRAIL	
CITY-ST-ZIP	RUTLAND VT 05701	14 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	21 TITLE	O	☒ Change ☐ Addition
NAME	PATEL, VINAY	22 NAME	PATEL, VINAY	
STREET ADDRESS	7030 NW 179TH STREET	23 STREET ADDRESS	801 ARCHNA LN #G	
CITY-ST-ZIP	MIAMI FL 33015	24 CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-15-95 407-859-1490

SIGNATURE AND TYPED OR PRINTED NAME OF DIVING OFFICER OR DIRECTOR — Date — Daytime Phone #