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

APPROVED AND FILED

95 MAY -1 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000031790

1. Corporation Name
RIVAS ENTERPRISES INC.

Principal Place of Business	Mailing Address
2707 N. HIMES STE 104 TAMPA, FL 33607	(SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/25/94
3a. Date of Last Report: 1ST. YEAR

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number: 59-3241467 ☐ 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

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

9. Name and Address of Current Registered Agent

RIVAS, LAZARA
2707 N. HIMES STE 104
TAMPA, FL 33607

10. Name and Address of New Registered Agent

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: Lazara Rivas (Signature required for typed name of registered agent and for the appointment) (NOTE: Registered Agent signature required when executing) DATE: 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☑ Change ☐ Addition	
NAME	RIVAS, LAZARA	12 NAME / 13 STREET ADDRESS	2707 N. HIMES STE 104	
STREET ADDRESS	3403 CHESTNUT ST.	14 CITY-ST-ZIP	TAMPA, FL 33607	
CITY ST ZIP	TAMPA FL 33607			
TITLE	SEC/TREA.	21 TITLE	☑ Change ☐ Addition	
NAME	RIVAS, BENNY	22 NAME / 23 STREET ADDRESS	2707 N. HIMES STE 104	
STREET ADDRESS	3403 CHESTNUT	24 CITY-ST-ZIP	TAMPA, FL 33607	
CITY ST ZIP	TAMPA, FL 33607			
TITLE	V.P.	31 TITLE	☑ Change ☐ Addition	
NAME	PLACERES, ABEL	32 NAME / 33 STREET ADDRESS	2707 N. HIMES STE 104	
STREET ADDRESS	3401 CHESTNUT	34 CITY ST ZIP	TAMPA, FL 33607	
CITY ST ZIP	TAMPA, FL 33607			
TITLE	V.P.	41 TITLE	☑ Change ☐ Addition	
NAME	RIVAS, JACKIE	42 NAME / 43 STREET ADDRESS	2707 N. HIMES STE 104	
STREET ADDRESS		44 CITY ST ZIP	TAMPA, FL 33607	
CITY ST ZIP	TAMPA, FL 33607			
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME / 53 STREET ADDRESS		
STREET ADDRESS		54 CITY ST ZIP		
CITY ST ZIP				
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME / 63 STREET ADDRESS		
STREET ADDRESS		64 CITY ST ZIP		
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: LAZARA RIVAS Lazara Rivas 4/26/95 874-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202880 CP