

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Barbara B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000036889**
1. Corporation Name
MADE IN RIO IMPORTS-EXPORTS, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 21 227 OAKSIDE ST		2a. Mailing Address 26 227 OAKSIDE ST.		3. Date Incorporated or Qualified 05/12/94	3a. Date of Last Report 05/01/96
Suite, Apt. #, etc. 22 LEHIGH ACRES FL.		Suite, Apt. #, etc. 27		4. FEI Number 65-0486675	Applied For Not Applicable
City & State 23		City & State 28 LEHIGH ACRES FL		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24 33936	Country 25 U.S.A.	Zip 29 33936	Country 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

MARIA NICKEL GUDRUN, PA
350 S. 5TH AVENUE, SUITE 200
NAPLES, FL 33940

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	PRESIDENT	12 NAME	
STREET ADDRESS	GIOVANNI PAPADOPOULOS	13 STREET ADDRESS	
CITY - ST - ZIP	227 OAKSIDE ST	14 CITY - ST - ZIP	
	LEHIGH ACRES, FL. 33936	21 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY - ST - ZIP	
CITY - ST - ZIP		31 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	32 NAME	
NAME		33 STREET ADDRESS	
STREET ADDRESS		34 CITY - ST - ZIP	
CITY - ST - ZIP		41 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY - ST - ZIP	
CITY - ST - ZIP		51 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY - ST - ZIP	
CITY - ST - ZIP		61 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY - ST - ZIP	
CITY - ST - ZIP		900002185759 -05/20/97--01096--026 ***165.00	

14. I do 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 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:  **Giovanni Papadopoulos** 04.30.97 (941) 368-2772

CFR2034 (9/96)