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



## Jul 20 1008 8:00am

COF	RPORATION	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham		Jul 29 1996 8.00am	
•	JAL REPORT	Socretary		Secretary	of State
	1998	DIVISION OF O	ORPORATIONS		
DOCU	MENT # P9400	0054143			
· ·	RIOR EQUITY PARTN	ERS, INC.			
		•			
Drive in all Bloo	of Purings	Molling Address			
Principal Place of Business Mailing Address 701 BRICKELL AVENUE, SUITE 3120 701 BRICKELL AVEN			NUE SUITE 3102		
MIAMI FL 33131 MIAMI FL 33131			.NOC, 3011 L 3102	i i	
				DO NOT WRITE IN THE	IIS SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		7/20/1994 4. FEI Number	Applied For
21		26 701 BRICKELL AVENUE		65-0509115	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 SUITE 3120			Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 MIAMI FL Zip	Country	This corporation owes or has paid the	<del></del>
24	25		30 US	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent	241	10. Name and Address of New Register	ed Agent
1	FARKAS, MICHAEL D		81 Name	CORPORATE CREATIONS EN	ERPRISES, INC.
1 1					· · · · · · · · · · · · · · · · · · ·
701 BRICKELL AVE			83	_4521 PGA BLVD.	
SUITE 3120			84 City	_SUITE 211	85 Zip Code
	MIAMI FL 33131				<b>~L</b>   33418
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or hoth, in the State	12 and 607 1508, Florida Statule of Florida, Such change was a	s, the above-named uthorized by the corp	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	e of changing its registered appointment as registered
agent. I a	am tamiliar with, and accept the onlig	A		بحرير بين وا	148
SIGNATURE	Signature, typed or printed name of registered ag-		Flegistered Agent signature	required when reinstating) DA	<b>7</b> 0
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME		DELETE	1.1 TITLE 1.2 NAME	PD	Change Addition
	FARKAS, MICHAEL D F 701 BRICKELL AVENUE, SUITE 3120		1.3 STREET ADDRESS	ARKAS, MICHAEL D 01 BRICKELL AVENUE, SUITE <b>31</b> 20	
	MIAMI FL 33131	. 0120	1.4 CITY-ST-ZIP	MIAMI FL 33131	0120
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C change C Modition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	الروانية الروانية المراجعة الم	- L-Change Addition
NAME			5.1 MALE. 5.2 NAME	4000026070 -08/04/9801065	JUST - CONTROL -
STREET ADDRESS			5.3 STREET ADDRESS	***70.00	<b>.</b> 000
CITY-ST-ZIP			5.4 CITY - ST - ZIP	ው ው ጥር ነው	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		PE
STREET ADDRESS			6.3 STREET ADDRESS		7.29

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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.

6.4 CITY-ST-ZIP

7-20-98

305-539-8100