

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000088520 (9)**

1. Corporation Name

RYI, INC.



Principal Place of Business

**275 FONTAINEBLEAU BLVD
SUITE 195
MIAMI FL 33172-4574**

Mailing Address

**275 FONTAINEBLEAU BLVD
SUITE 195
MIAMI FL 33172-4574**

2. Principal Place of Business

21 7555 SW 82 Ave

Suite, Apt. #, etc.

22

City & State

23 Miami FL

33143

Zip

24 33143

Country

2a. Mailing Address

26 7555 SW 82 Ave

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33143

Country

30

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0547528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

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

**CACICEDO, RAMON R
275 FONTAINEBLEAU BLVD
SUITE 195
MIAMI FL 33172-4574**

10. Name and Address of New Registered Agent

81. Name

Thomas C. Rouse

82. Street Address (P.O. Box Number is Not Acceptable)

7555 SW 82 Ave

83.

84. City

Miami

FL

85.

Zip Code

33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Thomas C. Rouse

Signature of Registered Agent (Signature required for change of agent)

4/29/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PVD
ROUSE, THOMAS C
275 FONTAINEBLEAU BLVD SUITE 195
MIAMI FL 33172-4574**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
PARRISH, RICHARD
275 FONTAINEBLEAU BLVD SUITE 195
MIAMI FL 33172-4574**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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)(k), 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 attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Rouse

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

**7555 SW 82 Ave
Miami, FL 33143**

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

**7555 SW 82 Ave
Miami, FL 33143**

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Rouse

4/29/96

274-1272

Daytime Phone #

CR2E034 (12/95)