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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Change

Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031137 (9)

RYKA PLASTERING, INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Principal Place of Business Mailing Address 7600 N.W. 27TH AVE., LOT 173 7600 N.W. 27TH AVE., LOT 173 MIAMI FL 33147-5548 MIAMI FL 33147 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1995 04/30/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0573995 26 Not Applicable Suite, Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcap \) No Country Zip Country Zip 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JIMENEZ, YOLANDA 7800 N.W. 27TH AVE., LOT 173 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33147 63 64 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 18. PID DELETE ☐ Change \_\_\_ Addition TITLE 1.1 TITLE JIMENEZ, RAFAEL A NAME 1.2 NAME 7600 N.W. 27TH AVE., LOT 173 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33147** <u>1.4 CITY - S</u>T - ZIP CITY-ST-ZIP VSD DELFTE Change ☐ Addition 2.1 TALE TATLE JIMENEZ, YOLANDA NAME 2.2 NAME 7600 N.W. 27TH AVE., LOT 173 STREET ADDRESS 2.8 STREET ADDRESS **MIAMI FL 33147** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STHLET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE ☐ Change \_\_\_ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-2IP DELFTE Change Addition 5.4 TOTALE TITLE NAME 5.2 NAME **5.B STREET ADDRESS** STREET ADDRESS

5.4 CITY - ST - ZIP

**6 B STREET ADDRESS** 

4-29-97

64 CITY-ST-ZIP 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), f lorida 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 conforation 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 in chapted, or on an attachment with an address.

6.1 THEF

6.2 NAME

DELETE