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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000035892 (5)

RIO IMPORT & EXPORT, CORP.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place	ce of Business	Mailing Address			E 1110 \$116 1814 1846 119 18 01
l '		•			
7961 NW 1		7961 NW 14TH ST. Miami Fl 33126			
		IMPRIMITE SOFE		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
				05/08/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	H ata	26		65- 0 587698	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	7 _{IP}	Country	8. This corporation owes or has paid the o	Added to Fees
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren			10. Name and Address of New Registere	
PIRES, ANTONIO CARLOS 7961 NW 14TH ST. MIAMI FL 33126			81 Name		· · · · · · · · · · · · · · · · · · ·
			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			Gircol 7	The state of the s	
			83		
			84 City		85 Zip Code
				F	L '
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					
12.	Signature: typed or printed name of registerest age. OFFICERS AND		Registered Agent signature in		ID DIDECTORO IN 40
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	PIRES, ANTONIO CARLOS		1.2 NAME		onango [] redution
STREET ADDRESS 1717 N. BAYSHORE DR., #4254-			1.3 STREFT ADDRESS	1717 N. Borchass Dr.	土 コップラ
CITY-\$T-ZIP	MIAMI FL- 03131-		1.4 CITY - ST - ZIP	1717 N.Bayshore Dr. MIA FL 33132	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			22 NAME		-
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 THILE		Change Addition
NAME	<u> </u>		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - 7IP		
TITLE		□ DFLETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP		BOLETE	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME OTOGET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP		Change Addition
NAME		CT DITTE	6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME		
			6 3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

4. I 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 armusi report or supplymental armusi report is frue 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 in the receiver of 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 a state information and does.

CICMATURE.

HOGE

Alistan Carter and