FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000036255 (4)**

1. Corporation Name

RIMACON, INC.

Principal Place of Business	Mailing Address
2170 N.W. FLAGLER TERRACE APARTMENT 103 MIAMI FL 33125	2170 N.W. FLAGLER TERRACE APARTMENT 103 MIAMI FL 33125

2. Principal Place of Business	2a. Mailing Address
21 8035 SW 107 ave	26 8035 SW 107 ave
Suite, Apt. #, etc. 22 #218	Suite, Apt. #, etc. 27 #218
City & State 23 Miami, Florida	City & State 28 Miami, FL
Zip 24 33173	Zip 29 33173
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified: **05/05/1995**

3a. Date of Last Report: N/A

4. FEI Number: ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be 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

DIAZ, LUZ A
2170 N.W. FLAGLER TERRACE
APARTMENT 103
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: ~~DIAZ, LUZANDRA~~

82 Street Address (P.O. Box Number is Not Acceptable): ~~8035 SW 107 ave~~

83 ~~#218~~

84 City: ~~Miami~~ FL 85 Zip Code: ~~33173~~

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required for filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DIAZ, LUZ A		1.2 NAME	DIAZ, LUZANDRA	
STREET ADDRESS	2170 NW FLAGLER TERR., APARTMENT 103		1.3 STREET ADDRESS	8035 SW 107 AVE #218	
CITY-ST-ZIP	MIAMI FL 33125		1.4 CITY-ST-ZIP	Miami, Fl 33173	
TITLE	D	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	CHASE, TARA		2.2 NAME	CHASE, TARA	
STREET ADDRESS	2170 NW FLAGLER TERR., APARTMENT 103		2.3 STREET ADDRESS	8035 SW 107 AVE #218	
CITY-ST-ZIP	MIAMI FL 33125		2.4 CITY-ST-ZIP	Miami, Fl 33173	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: _____ 3/20/96 (305) 270-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #