

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra W. Northam,  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 19 1997 8:00am  
Secretary of State

DOCUMENT # P95000036255 (4)

1. Corporation Name  
RIMACON, INC.



Principal Place of Business

8035 SW 107 AVE  
218  
MIAMI FL 33173  
US

Mailing Address

8035 SW 107 AVE  
218  
MIAMI FL 33173-4853  
US

2. Principal Place of Business

21 8035 SW 107 ave #218  
Suite, Apt. #, etc.

22 Apt #218  
City & State

23 Miami, FL

24 33173  
Zip

25 USA  
Country

2a. Mailing Address

26 8035 SW 107 ave.  
Suite, Apt. #, etc.

27 Apt #218  
City & State

28 Miami, Florida

29 33173  
Zip

30 USA  
Country

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

03/27/1996

4. FEI Number

APPLIED FOR 65-0760167

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required  
☐ \$5.00 May Be  
Added to Fees

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

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

83

84 City

FL

85 Zip Code

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DIAZ, LUZANDRA  
STREET ADDRESS 8035 SW 107 AVE  
CITY-ST-ZIP MIAMI FL 33173 ☐ DELETE

TITLE V  
NAME CHASE, TARA  
STREET ADDRESS 8035 SW 107 AVE  
CITY-ST-ZIP MIAMI FL 33173 ☒ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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), 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.

CP2E034 (9/96)

## Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN

OMB No. 1545-0003  
Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) <u>LUZANDEA DIAZ</u>	
	2 Trade name of business, if different from name in line 1 <u>KIMMOON INC</u>	3 Executor, trustee, "care of" name <u>LUZANDEA DIAZ</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>8035 SW 107th Ave #218</u>	5a Address of business (See instructions.) <u>8035 SW 107th Ave #218</u>
	4b City, state, and ZIP code <u>Miami FL 33173</u>	5b City, state, and ZIP code <u>Miami FL 33173</u>
	6 County and state where principal business is located <u>DADE FLORIDA</u>	
	7 Name of principal officer, grantor, or general partner (See instructions.) <u>LUZANDEA DIAZ</u>	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Church or church controlled organization	
<input checked="" type="checkbox"/> Other (specify) <u>NEW WITHHOLDING AGENT</u>	If nonprofit organization enter GEN (if applicable)	

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated

Foreign country	State <u>FLORIDA</u>
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify)
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Created a trust (specify)
<input type="checkbox"/> Banking purpose (specify)	<input type="checkbox"/> Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)

11 Enter closing month of accounting year. (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

N/A

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
<u>0</u>	<u>0</u>	<u>0</u>

14 Principal activity (See instructions.) RETAIL - Income, Income Holders, Gifts, Arts & Crafts Shows, Flowers

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify)		

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

☐ Yes ☒ No

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name

N/A

Trade name

N/A

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)

N/A

City and state where filed

N/A

Previous EIN

1

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Telephone number (include area code)

Name and title (Please type or print clearly.)

LUZANDEA DIAZ

(305) 270-6121

Signature

[Signature]

Date

5.30.97

Note: Do not write below this line. For official use only.

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying

May 30, 1997

Annual Reports Filings  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

To whom it may concern:

I have recently applied for the Employer Identification Number. I was not aware that I had to file. I was under the impression that the attorney I hired in conjunction with this corporation would follow up and file for such number. This explains why Filed For appears pre-printed in Block 4.

Enclosed please find a copy of Form SS-4, Application for Employer Identification Number.

I apologize for any inconvenience this has caused you.

Thank you.

Sincerely,



Luzandra Diaz