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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000041519 (6)

RIOS ALVAN ENTERPRISES, INC.

FILED May 21 1996 8:00 am Secretary of State



Pri	ncipal Place of Business	Mailing Address				r realmod, dia norah buin ebsul adam adam buin birah menin disah 11640 1641						
2606 WEST 65TH STREET HIALEAH GARDENS FL 33016				2606 WEST 65TH STREET HIALEAH GARDENS FL 33016								
								<ol> <li>Date Incorporated or Qua 05/25/1995</li> </ol>	lif.ed	<b>3a.</b> Da	te of Last F	leport
$\overline{}$	Principal Place of Busine	ess		Mailing Address				4. FEI Number	,			Applied For
21	O. b. A.J. & A.J.		26	0.01				65-0585716	, 			Not Applicable
22	Suite Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 			5 Additional Required	
23	City & State	State		City & State				6. Election Campaign Finance Trust Fund Contribution	ing			IO May Be ed to Fees
24	Zip	Country 25	29	Zip	30 Cour	ntry		8. This corporation has liabil Florida Statutes	,	ntangible cN 🔀	tax under s	199.032,
	9. Name	and Address of Current	Regis	tered Agent				10. Name and Address of I	New R	egisterec	f Agent	
						81	Name					
RIOS, WITHERMAN 2606 WEST 65TH ST.						82	Street Add	ress (P.O. Box Number is Not Acceptable;				
	HIALEAH GARDE				-	83		THE PARTY OF A STREET AND ADDRESS OF A STREET, AND ADDRESS OF AN ADDRESS OF A STREET, AND ADDRESS OF A STREET,				
						84	City				<b>85</b> Z	p Code
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11	<ul> <li>Pursuant to the provisi or registered agent, or familiar with, and accept</li> </ul>	ons of Sections 607,0502 a both, in the State of Florida pt the obligations of, Sectio	na 60 i. Such n 607 (	r. 1508, Florida State i change was authori 0505, Florida Statute	ites, the aborized by the c es.	ve-na :orpo	imed corpo ration's boa	ration submits this statement for t and of directors. Thereby ancept th	ne pur e appo	uose or cr iintment a	nanging its is registered	registered office diagent. Lam
\$H	GNATURE Signature typical	or printed name of registerical agest as	olith ita	gp pontiaces - 4N	kidir Başatered	Agent	Sejmält me respone	s, when remarkating		DA'E		
12	l.	OFFICERS AND	DIFIEC	TORS	13.			ADDITIONS/CHANGES TO	O OFFI	CERS AN	ID DIRECTO	DRS IN 12
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	Y-\$1-2iP L. I do hereby certify that	the information surplied w	ith thic	filing is voluntarily for		Ty-ST does		for the exemption stated in Section	n 110 /	17/3like F	Inrida Stati	ites I further
•	<ul> <li>certify that the informal oath; that I am an office</li> </ul>	tion indicated on this annua	il repor ation o	t or supplementa' an rithe receiver or trust	mual report :: tee empower	s true	and accura	ate and that my signature shall ha is report as required by Chapter 6	ve the:	same lega	al effect as	if made under