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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Jun 05 1997 8:00am

Secretary of State

A CRANKAL DIA 18187 ANTE BRIDE RADIO MARIE URBIO AFRACANTA INTERPREDICATION PARA

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045395 (7)

RYHEVA, INC.

STREET ADDRESS

CITY-ST-ZIP

| | | | | | | | | | | | | |
|---|---|--|---|-------------------------------|--------------------------------|-------------------|--------------|--|---------------------------|-------------|---------------|--|
| Principal Place of Business Mailing Address | | | | | | | | E SEMILANO ILM IRSOL ALICL RAVII MATILI ANGIL ANGIL ANGIL | II Bibbi anda i ii | | i Biri fûûl | |
| 1851 SOUTH STATE ROAD SEVEN 1851 SOUTH STATE R FT. LAUDERDALE FL 33317 FT. LAUDERDALE FL 3 | | | | | | | | | | | | |
| | | | | | | | | 06/06/1995 | a. Date of L 07/23/19 | 96 | ` | |
| ` | al Place of Business | ± | 2a. Malling Address | | | | | 4. FEI Number | E > 01. 61 | | plied For | |
| 21 | | | 26 | | | | | APPLIED FOR 65-07 | | | t Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | ·-·- ,, | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| City & State | | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zip 24 | | | Zip Country 3 0 | | | | | B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | | | | |
| 9. Name and Address of Current Registered Agent | | | | | | | | 10. Name and Address of New Registered Agent | | | | |
| * BUTCHEY, ROYSTON | | | | | | Name | e | | | | | |
| 15800 SURREY CIRCLE FT. LAUDERDALE FL 33331 | | | | | 82 Street Addre | | | ss (P.O. Box Number is Not Acceptable) | | | | |
| * TI. LAUDENDALE PE 33331 | | | | | 83 | | | | | | | |
| | | | | | | | | | | | _ | |
| | | | | | 84 | City | | | FL 85 | Zip C | Code | |
| 11. Pursua | ant to the provisions of Sec | tions 607.0502 ar | nd 607.1508, Florida St | atules, the a | above | -name | d corpo | ration submits this statement for the purpo in's board of directors. I hereby accept the | ose of chang | jing its | s registered | |
| office agent. | or registered agent, or both I am familiar with, and acc | n, in the State of F ept the obligation | florida. Such change was of, Section 607.0505 | as authorize , Florida Sta | ed by stutes | the co s. | orporatio | in's board of directors. I hereby accept the | e appointme | nt as r | registered | |
| SIGNATUR | RE | | | | | | | | | | | |
| | Signature, typed or printed name | | | | cd Age | nt signatu | ire required | | DATÉ | | | |
| 12. | PTD C | FFICERS AND DI | RECTORS DELETE | 13. | | | | ADDITIONS/CHANGES TO OFFICERS | S AND DIREC | | S IN 12 | |
| NAME | BURGUEN BONGTON | | L_ OCCCIE | 1,1 TITLE | | | | | ange | L_ Accilion | | |
| STREET ADDRESS 15800 SURREY CIRCLE | | | t to the second | | 1.2 NAME 1.3 STREET ADDRESS | | , | | | | | |
| CITY-ST-ZIP FT. LAUDERDALE FL 33314 | | | 1 | | | | ` | | | | | |
| TITLE VSD | | | DELETE | | | CITY-ST-ZIP | | <u> </u> | Ch | ange | Addition | |
| NAME | OLEANEN BELLINE | | | 2.2 NAME | | | | <u></u> | gv | | | |
| STREET ADDRESS 15800 SURREY CIRCLE | | | 2.3 STRE | | | ADDRESS | , | | | | | |
| CITY-ST-ZIP FT. LAUDERDALE FL 33314 | | | i i | | | 7001600 31-21P | ´ } | | | | | |
| TITLE | | <u> </u> | DELETE | 3.1 | · | | _ | | Ch | ange | Addition | |
| NAME | | | | 3.2 | AME | ٠ | | | | | İ | |
| STREET ADORE | ss l | | | 3.3 | STREET | ADDRESS | ; | | | | ļ | |
| CITY-ST-ZIP | | | | 3.4. | CITY-S | ST-ZIP | Ì | | | | | |
| TITLE | | | ☐ DELETE | 4.1 | ITLE | | | | Ch | ange | Addition | |
| NAME | | | | 4. 2 | NAME | | | | | | | |
| STREET ADDRE | ss) | | | 4.3 3 | STREET | ADDRESS | ; } | | | | | |
| CITY-ST-ZIP | | | | 4,4 (| CITY-S | T-ZIP | | | | | | |
| TITLE | | | DELETE | 5.1 | ITLE | | | | ☐ Ch | ange | Addition | |
| NAME | 1 | | | 5.21 | NAME | | | | | | ļ | |
| STREET ADDRE | ss] | | | 5.3 | STREET | ADDRESS | ;] | | | | | |
| CITY-ST-ZIP | | | · | | ΠY-S | I - ZIP | ļ | | | | | |
| TITLE | | | DELETE | 6.1 | | | | | ☐ Ch | ange | Addition | |
| NAME | | | | 624 | JARAC | | 1 | | | | | |

6.3 STREET ADDRESS

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.