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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS 00 MAY - 1 AH 9: 37

P950000 64155

RICHWAY ENTERPRISES INC

Place of Business

7000

Mailing Address

(nw ++cr++45

DO NOT WRITE IN THIS SPACE 11 Lole, FZ 33aL 3. Date Incorporated or Qualifed Principal Place of Business 4. FEI Number Applied For 1186 SUJCIT 65-0651 26 Not Applicable Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing TUPLEM Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible Ąکٰٽ 30 □No. 29 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 83 MIAHI, TONDA 84 City 85 Zip Code 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. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change RICENDA HERANDE 500003249695---05/12/00--01014--010 1,2 NAME T ADDRESS 15/42 no Her to 1.3 STREET ADDRESS ****150.00 ****150.00 ST-ZIP 1,4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition SUSAN BHERNA 22 NAME TADDRESS 2.3 STREET ADDRESS T-ZIP 2.4 CITY-ST-ZIP 🗌 DELETE 3.1 TITLE Change Addition 3.2 NAME TACORESS 3.3 STREET ADDRESS T- 21P 34. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition 4. 2 NAME T ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP T-ZIP Change DELETE 5.1 TITLE Addition 5.2 NAME 5.3 STREET ADDRESS TADORESS 5.4 CiTY-ST-ZIP 1-7IP ☐ DELETE 6.1 TITLE ☐ Change Addition , stills lare 62 NAME 6.3 STREET ADDRESS FACORESS

nereby 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 efficer 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 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-7IP

NATURE:

HTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

SECRETARY OF STATE