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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000070725 (3)

RIOMAR MARKETING, INC.

Principal Place of Business

Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



| 2005 CORTEZ VERO BEACH | | 2005 CORTEZ AVE VERO BEACH FL 32960-4 | 126 | | | | | |
|--|------------------------------|--|-----------------|--|---|--------------------------------|-------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 09/11/1995 | 3a. Date of Las 04/14/199 | | |
| - | Place of Business | 2a. Mailing Address | 7 | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | | 65-0614080 | | Not Applicable | |
| Suite, Apt. | | Suite, Apt. #, etc. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & Stat 23 | | City & State | | | Election Campaign Financing Trust Fund Contribution | | 00 May Be ed to Fees | |
| Zip 24 | Country 25 | Zip 29 | Countr 30 | y | 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes | | | |
| | | of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | | |
| EVA | INS, RALPH L | | B 1 | Name | | | | |
| 2920 CARDINAL DRIVE VERO BEACH FL 32963 | | | | | ddress (P.O. Box Number is Not Acceptable) | | | |
| 131 | | | 83 | 3 | | | | |
| | | | 84 | City | | FL 85 2 | ip Code | |
| 11. Pursuant | to the provisions of Section | s 607.0502 and 607.1508, Florida Statut | es, the abov | e-named corp | poration submits this statement for the pu | rooso of changing | g its registered | |
| office or registered agont, 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 | | | | | | | | |
| | | | | jent signature requi | ired when reinstating) | DATE | | |
| 12. | D | CERS AND DIRECTORS DILETE | 13. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO | | |
| NAME | VIAMONTES, RALPH | | 1.2 NAME | | | Chang | e Magician | |
| STREET ADDRESS | 2005 CORTEZ AVE | | | T ADDRESS | | | | |
| CITY-ST-ZIP | VERO BEACH FL 329 | 60 | | | | | | |
| TITLE | 13.10 22.11.11 | | DELETE 21 TIPLE | | | Change | e Addition | |
| NAME | | - | 22 NAME | | | | | |
| STREET ADDRESS | | | | 1 ADDRESS | | | | |
| CITY-ST-ZIP | | | 2. 4 C(1) | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | Change | e Addition | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREE | 1 ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CITY- | ST-ZIP | | | | |
| TITLE | | DECETE | 4.1 TITLE | | | ☐ Change | e Addition | |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREE | 1 ADDRESS | | | | |
| DITY-ST-ZIP | | | 4.4 City- | \$1 - 2(P | | | | |
| TITLE | | ☐ DELETE | 5 1 THTLE | | | Change | e 🔲 Addition | |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREE | I ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | e 🔲 Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CHY- | ST - ZIP | | | | |

I do hereby certify that the information supplied with his 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 ampetal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the convolution of the receiver for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, a continuous and other early chapter 607.