## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	AL REPORT 1996	Secreta DIVISION OF	ary of State CORPORA				
DOCUN 1. Corporation	MENT # P950	00074360 (5)					
RIO VIS	TA FRUIT CO.				T A BANKEN DIE NOMEN ANN ABSIL BANK BA	 	
Principal Place of Business Mailing Address							
1850 40TH AV	ENUE	1850 40TH AVENUE					
#B-106 VERO BEACH FL 32960		#B-106 VERO BEACH FL 32960			3. Date Incorporated or Qualified 09/25/1995	3a. Date of Last Report	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-0616092	Applied For Not Applicable	
Suite, Apt. #, etc		Suite. Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	•		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Zip 29	30 Cour	ntry ·	This corporation has liability for in Florida Statutes      Name and Address of New Received.	Yes No	
	9. Name and Address of C	urrent negistered Agent		81 Name	IV. Name and Address of New Ney	Jistereu Agent	
VIAMONTES, JOSE 1850 40TH AVENUE B-106				82 Street Address (P.O. Box Number is Not Acceptable)			
VE	VERO BEACH FL 32960				83		
<b>84</b> C						FL 85 Zip Code	
office or n agent I a SIGNATURE	egistered agent, or both iin the t m familiar with, and accept the i	State of Florida Such change was obligations of, Section 607,0505, Ft	authorized lorida Statu	by the corporatites.	poration submits this statement for the pu tion's board of directors. Thereby accept	the appointment as registered	
12.	Signature, typed or printed name of register OFFICER	S AND DIRECTORS	13.	ragerii signame reno	and when reinstating) ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1 1 [1]	ILE		Change Addition	
NAME	VIAMONTES, JOSE		1 2 NA	IME			
STREET ADDRESS	1850 40TH AVENUE, B-1	106	1387	REET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32960	Dr. ctr		TY-ST-ZIP		Change Addition	
THTLE		DELETE	2 1 10			Cuarige [ ] Addition	
NAME STREET ADDRESS			22 NA	REET ADDRESS			
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NAME			3 2 NA	AME			
STREET ADDRESS			3351	REET ADDRESS			
CITY - ST - ZIP				ITY - ST - ZIP		[ ] [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	
TITLE		DE.ETE	4111			Change Addit.on	
NAME PARSET ADDRESS			4 2 N				
STREET ADORESS				REEL ADORESS			
CITY-ST-ZIP TITLE		DE .ETE	5 1 Tr	TY+ST+ZiP TLE		Change Addition	
NAME			5 2 N/			<u> </u>	
STREET ADDRESS				TREET ADDRESS			
CITY - ST - ZIP			5.4 C	TY-ST-71P			
TITLE		DE_ETE	6 1 TI	TLE		Change Addition	
NAME			6.2 N/	Į.			
STREET ADDRESS				FREET ADDRESS			
CITY_ST_ZIP	1		640	7V - \$1 - 7(P			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-96 489-4887