

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079842 (7)

1. Corporation Name

NUESTRO RITMO, INC.

Principal Place of Business

10501 SW 53RD STREET
MIAMI FL 33165

Mailing Address

10501 SW 53RD STREET
MIAMI FL 33165-7006



3. Date Incorporated or Qualified
10/18/1995

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0614696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

BARGE, RENE
10501 SW 53RD STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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.

SIGNATURE

Signature (Type, print or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARGE, RENE	
STREET ADDRESS	10501 SW 53RD STREET	
CITY - ST - ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEBOE, DANA	
STREET ADDRESS	12801 SW 115TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIN, THEODORE	
STREET ADDRESS	13928 SO. BISCAYNE RIVER DRIVE	
CITY - ST - ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVINE, MICHAEL	
STREET ADDRESS	6921 SW 84TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONCEPCION, TONY	
STREET ADDRESS	6637 EMERALD LAKE DRIVE	
CITY - ST - ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, MANUEL	
STREET ADDRESS	1083 SW 17TH COURT	
CITY - ST - ZIP	MIAMI FL 33145	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE:

René Barge
RENE BARGE

4-29-97 305-442-2821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0222043

CR2E034 (9/96)