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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000079842 1. Corporation Name

NUESTRO RITMO. INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90059 038 ***150.00



_								
Principal Place of Business Mailing Address						{	(1 10040 18101 101)1 0)1010 11 0 1 1001
10501 SW 53RD STREET 10501 SW 53RD STREET MIAMI FL 33165 MIAMI FL 33165								
						DO NOT WRITE IN THIS SPACE		
·		•				3. Date Incorporated or Qualifed 10/18/1995		,
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For
21 26						65-0614696		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	
22 27							Fee Rec	
City & State City & State						6: Election Campaign Financing	\$5.00 T Added to	- 1
23 Zin	· 			Country		Trust Fund Contribution) rees
Zip	25 29 30			Country 8. This corporation owes the current year intengible Personal Property Tax. ☐ Yes ☐ No			□No	
24	9. Name and Address of Current		''			10. Name and Address of New Registere		
	81	Name						
BARGE, RENE				Ctroot	Addrag	(B.O. Box Number is Not Acceptable)		
10501 SW 53RD STREET			82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33165			83	<u> </u>				
			<u></u>	City			85 Zip C	'ode
	. 1		84	City		F	L S Zip C	oue
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent a		gistered Age	nt signature r	required v	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		J	ADDITIONAL PROPERTY OF THE PARTY OF THE PART	Change	Addition
NAME	BARGE, RENE		1.2 NAME		į .			_
STREET ADDRESS	10501 SW 53RD STREET			TADORESS	ļ			1
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-S		1			-
TITLE	D	☐ DELETE	2.1 TILE				☐ Change	☐ Addition
NAME	TEBOE, DANA		2.2 NAME					
STREET ADDRESS	12601 SW 115TH AVENUE		2.3 STREE	TADORESS	 		•	
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-5	ST-ZIP		•		
-TITLE	D-3=	☐ DELETE	3.1 TILE_				☐ Change	Addition
NAME	STEIN, THEODORE		32 NAME					}
STREET ADDRESS	13928 SO. BISCAYNE RIVER DR	1VE	3.3 STREE	T ADDRESS	1		•	}
CITY-ST-ZIP	MIAMI FL 33161		3.4. CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE		1		Change	☐ Addition
NAME ,	LEVINE, MICHAEL		4. 2 NAME	į	ł			ļ
STREET ADDRESS	6921 SW 84TH AVENUE		4.3 STREE	T ADDRESS	}			{
CITY-ST-ZIP	MIAMI FL 33143		4.4 CITY-S	T-ZIP				
TITLE	D .	☐ DELETE	5.1 TITLE		1		Change	Addition
NAME	CONCEPCION, TONY		5.2 NAME			•		
STREET ADDRESS	6637 EMERALD LAKE DRIVE			T ADDRESS	1			}
CITY-ST-ZIP	MIRAMAR FL 33023	[] Sever	5.4 CITY-S 6.1 TITLE	I-ZIP	 		Change	Addition
TITLE	D	OELETE			1		☐ Change	T Vacionis
NAME	LOPEZ, MANUEL		6.2 NAME	T ADDRESS		•		
STREET ADDRESS	1083 SW 17TH COURT			TADDRESS	1			İ
CITY-ST-ZIP	MIAMI FL 33145		6.4 CITY-S	1-41	L			

14. I 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 spoot 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 opporation 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, with all other like empowered.

SIGNATURE: