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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000089654 (4) **DOCUMENT #** RICAMO, CORP. Mailing Address Principal Place of Business 5475 S.W. 58TH AVENUE 5475 S.W. 58TH AVENUE MIAMI FL 33155 MIAM! FL 33155 3a. Date of Last Report 3. Date Incorporated or Qualified 11/22/1995 4. FEI Number Applied for Mailing Address Principal Place of Business 2a. Not Applicable 26 21 \$8.75 Additional Suite Apt #, etc Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Zip Country Ζφ Yes 📉 No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name CAMEJO, RICARDO Street Address (P.O. Box Number is Not Acceptable) 5475 S.W. 58TH AVENUE 82 MIAMI FL 33155 83 Zip Code 84 City 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 hoard of directors. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE Registered Agent signature required when reinsching) SIGNATURE Stgrature, specific prised run e of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 11TITUE TITLE 1.2 NAME CAMEJO, RICARDO NAME 1.3 STREET ADDRESS 5475 S.W. 58TH AVENUE STREET ADDRESS 1 4 CHY ST-ZIP **MIAMI FL 33155** Change Addition CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 3 1 TUTLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 41 11116 TITLE NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6171114 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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's gnature 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 6 4 CITY - ST - ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

7-28-96 662-1757

(3/6)

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