

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000095574

1. Entity Name
RIMACO INTERAMERICAN INC.



Principal Place of Business
1730 NORTHWEST 79TH AVENUE
MIAMI, FL 33126 US

Mailing Address
1730 NORTHWEST 79TH AVENUE
MIAMI, FL 33126 US



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0652048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALVAREZ, RICARDO MAYO SR.
1730 N W 79TH AVE
MIAMI, FL 33126

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, RICARDO M SR 1730 NW 79TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, RICARDO M JR. 1730 NW 79TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-07

305-593-5333