

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000097662 (7)**

1. Corporation Name

RIAL MANAGEMENT CORP.



Principal Place of Business

**8240 S.W. 98TH STREET
MIAMI FL 33156-2556**

Mailing Address

**8240 S.W. 98TH STREET
MIAMI FL 33156-2556**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PUENTE, ALEJANDRO A
8240 S.W. 98TH STREET
MIAMI FL 33156-2556**

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

ALEJANDRO A. PUENTE

FEBRUARY 9, 1996

DATE

12.

OFFICERS AND DIRECTORS

11a

NAME

**D
PUENTE, ALEJANDRO A
8240 S.W. 98TH STREET
MIAMI FL 33156-2556**

☐ DELETE

Street Address

City, St. Zip

11b

NAME

**D
PUENTE, RICARDO
8240 S.W. 98TH STREET
MIAMI FL 33156-2556**

☐ DELETE

Street Address

City, St. Zip

11c

NAME

☐ DELETE

Street Address

City, St. Zip

11d

NAME

☐ DELETE

Street Address

City, St. Zip

11e

NAME

☐ DELETE

Street Address

City, St. Zip

11f

NAME

☐ DELETE

Street Address

City, St. Zip

11g

NAME

☐ DELETE

Street Address

City, St. Zip

11h

NAME

☐ DELETE

Street Address

City, St. Zip

11i

NAME

☐ DELETE

Street Address

City, St. Zip

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11a

NAME

11b

NAME

11c

NAME

11d

NAME

11e

NAME

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11n

NAME

14. I 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 included in 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, or on an attachment with an address.

SIGNATURE:

ALEJANDRO A. PUENTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(305) 374-1515
FEBRUARY 9, 1996**

CR2E034 (12/95)