

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

FILED
Apr 18 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 #

1. Corporation Name

Rims To Go, Inc.,

P96 000007581

Principal Place of Business

Mailing Address

8898 N.W. 7 th Avenue
Miami, FL 33150
USA

8898 NW 7 th Avenue
Miami, FL 33150

3. Date Incorporated or Qualified
01/96

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

65-0643551

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

10. Name and Address of New Registered Agent

Lawerence J. Spiegel, Chartered
d/b/a AmeriLawyer
343 Almeria Ave.
Coral Gables, FL 33134

81 Name Ronald Gavsie

82 Street Address (P.O. Box Number is Not Acceptable)
8898 NW 7 th Avenue

83

84 City Miami

FL

85 Zip 33150

11. Pursuant to the provisions of Sections 607.05 and 607.4508, 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 607.4505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and fee, if applicable)

RONALD GAVSIE

DATE

4/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☒ DELETE
Jerry Mann Director Vice President

TITLE NAME ☒ DELETE
Director Sidney Crews

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

1.1 TITLE Secretary/Treasurer to V.P. ☒ Change ☐ Addition

1.2 NAME Sidney Crews

1.3 STREET ADDRESS 801 NW 153 rd Street

1.4 CITY-ST-ZIP North Miami, FL 33169

2.1 TITLE Secretary Treasurer ☒ Change ☐ Addition

2.2 NAME Ronald Gavsie

2.3 STREET ADDRESS 3350 NE 192 nd Street Apt. # 5-G

2.4 CITY-ST-ZIP Aventura, FL 33180

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700002148167

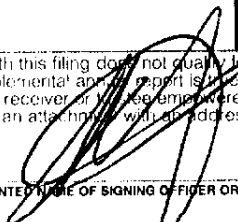
-04/18/97--01096--040

***165.00

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 assignee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



RONALD GAVSIE

4/3/97

305 896-7467

CR2E034 (9/96)