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

PROFIT CORPORATION ANNUAL REPORT

1997

Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028735 (4)

Country

9. Name and Address of Current Registered Agent

25

CASTRO, JOSE E 218 ALMERIA AVE

CORAL GABLES FL 33134

RIO PLAZA DEVELOPMENT CORP.

Principal Place of Business Mailing Address 5720 SW 128 STREET 5720 BW 128 STREET MIAMI FL 33156-7175 MIAMI FL 83156 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1996 4. FLI Number 65-0664507 2a. Mailing Address 2. Principal Place of Business 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution

Zio

29

Zip Code 33156 MIAMI 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

Country

81 Name

82

83 84 City

Street A

30

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

Yes No

FILED

Jun 12 1997 8:00am

Secretary of State

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and complete the obligations of, Section 607.0505, Florida Statutes. dida C 04.28.97 (NOTE: Registered Agent is gnature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. HO DIRECTORS 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE ESTEVEZ, AIDA NAME 1.2 NAME 11357 SW 158 PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 14 CHTY - ST - ZIP DELFTE Addition Director Change TITLE 211016 ALMEIDA NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 11357 SW 158 PL CITY-ST-ZIP 2 4 CITY-ST-ZIP MIAML FL DELETÉ ☐ Change ___ Addition TITLE 3 1 1011 F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP 🔲 DELETE TITLE 4.1 BTLF Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-7IP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME 6.3 STHEFT ADDRESS STREET ADDRESS 64 CHY-ST-ZIP CITY - ST - ZIP

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 offect as if made under eath, 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 if changed, or on an attachment with an address.