

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000050931 1. Corporation Name RYOAL, INC					
Principal Place of Business		Mailing Address			
10883 NW 7 ST #14 MIAMI FL 33172		10883 NW 7 ST #14 MIAMI FL 33172			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/13/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0678862	
City & State		City & State		Applied For	
23		28		☐ Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		☐ \$5.00 May Be Added to Fees	
Country		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30		☐ Yes ☒ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Alberto Federico 10883 NW 7 ST #14 MIAMI FL 33172			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL		
			85 Zip Code		
			85		
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					
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
000002169910					
-05/07/97--01093--015					
***165.00					
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 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 if changed, or on an attachment with an address.					
SIGNATURE: OMAR MONTESINOS OMAR MONTESINOS 8/24/97 305-226-0342					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					