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FILED
Sep 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT,
1998



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

DOCUMENT # P96000065711 (9)

1. Corporation Name

RIOL BUSINESS CORPORATION

Principal Place of Business

638 MAPLE OAK CIR #104
ALTAMONTE SPRINGS FL 32701

Mailing Address

638 MAPLE OAK CIR #104
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7345 SAND LAKE RD

Suite, Apt. #, etc

22 202

City & State

23 ORLANDO FL.

Zip

24 32819

Country

2a. Mailing Address

26 7345 SAND LAKE RD.

Suite, Apt. #, etc.

27 202

City & State

28 ORLANDO FL

Zip

29 32819

Country

9. Name and Address of Current Registered Agent

PINTO, EDEGAR A
5850 LAKEHURST DR
SUITE 100
ORLANDO FL 32819

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

59-3398304

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPVT
STREET ADDRESS OLIVEIRA, RICARDO S
CITY-ST-ZIP 638 MAPLE OAK CIR #104
ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME S
STREET ADDRESS OLIVEIRA, RICARDO S
CITY-ST-ZIP 638 MAPLE OAK CIR #104
ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

400002638814
-09/14/98--01134--012
***400.00

400002638814
-09/14/98--01134--011
***150.00

14. I 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 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 in an attachment with an address.

CR2E034 (10/97)