PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000086145** 1. Corporation Name RIVERA Y COMPANIA, INC. Principal Place of Business Mailing Address

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90185 030 ***150.00



9465 COLLINS AVENUE 9455 SOLLING AVENUE SUITE 702 SUITE ZOZ SUBFRIDE P. 93155 DO NOT WRITE IN THIS SPACE SURESHOE F. 33155 3. Date Incorporated or Qualifed 10/17/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0706056 Not Applicable COLLINS AVE 9601 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 104 Fee Required <u>10</u>4 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Ba BAL Added to Fees Trust Fund Contribution 28 8. This corporation owes the current year Intangible Country Zip 4 S L Personal Property Tax. 3315 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIVER, ROQUE J Street Address (P.O. Box Number is Not Acceptable) 82 -9455 COLLINS AVENUE **SUITE 707** -83 SURFSIDE FL 33155 Zip Code City 85 84 33154 ARBOUR

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 ed agent and title if applicati (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. T Change ☐ Addition □ DELETE 1.1 TITLE TITLE RIVERA, ROQUE 1.2 NAME NAME 9601 COLLINS AVE 9455 COLLING AVE: #707 STREET ADDRESS 1.3 STREET ADDRESS SUBFSIDE FL HARBOUT, FL CITY-ST-ZIP 1 4 CITY-ST-ZIF Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ DELETE ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP CITY-ST-ZIE

I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)