


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

FILED

Apr 07 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 # <b>AMENDED ANNUAL REPORT</b> 1. Corporation Name <b>D96000086549 (8)</b> <b>RIONDA BUILDING CORP.</b>			
Principal Place of Business <b>54 S.W. 14th ST. MIAMI, FL. 33130</b>		Mailing Address <b>54 SW 14th ST. MIAMI, FL. 33130</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <b>10/21/1996</b>		3a. Date of Last Report <b>10/21/1996</b>	
4. FEI Number <b>65-0705339</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>RIOS, LUIS O. 8360 W. FLAGLER ST. SUITE 200 MIAMI, FL. 33144</b>		10. Name and Address of New Registered Agent 81 Name <b>Adelena Quevedo</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>54 S.W. 14th ST.</b> 83 <b>MIAMI</b> 84 City <b>FL</b> 85 Zip Code <b>33130</b>	
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 <b>Adelena Quevedo</b> DATE <b>3/31/97</b> <small>Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS 12.1 NAME <b>D</b> <b>RIOS, LUIS O.</b> <b>8360 W. FLAGLER STE 200</b> <b>MIAMI, FL. 33144</b> <input checked="" type="checkbox"/> DELETE 12.2 NAME <input type="checkbox"/> DELETE 12.3 NAME <input type="checkbox"/> DELETE 12.4 NAME <input type="checkbox"/> DELETE 12.5 NAME <input type="checkbox"/> DELETE 12.6 NAME <input type="checkbox"/> DELETE 12.7 NAME <input type="checkbox"/> DELETE 12.8 NAME <input type="checkbox"/> DELETE 12.9 NAME <input type="checkbox"/> DELETE 12.10 NAME <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>D/P/S/T</b> 1.2 NAME <b>ADELENA QUEVEDO</b> 1.3 STREET ADDRESS <b>54 SW 14th ST.</b> 1.4 CITY-ST-ZIP <b>MIAMI, FL. 33130</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE <b>600002135126</b> 6.2 NAME <b>-04/07/97--01082--009</b> 6.3 STREET ADDRESS <b>***61.25</b> 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I, the officer or director, 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 included 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. 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: <b>Adelena Quevedo</b> DATE <b>3/31/97</b> (305) 372-0772 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ADELENA QUEVEDO</b>			

CR2E034 (9/96)