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

CORPORATION ANNUAL REPORT

1997

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086636 (3)

RESTAURANTE RIO DE ENERO CORP.

Principal Place of Business Mailing Address 2333 BRICKELL AVE. MEZZÄNINE SUITE MIAMI FL 33129 2333 BRICKELL AVE. MEZZANINE SUITE MIAMI FL 33129-2435 2. Principal Place of Business

2a. Mailing Address 5151 NW.

FILED May 12 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

Not Applicable



3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
|---|---|---|---------------------------------|---|----------------------------------|
| City & State | 9 | City & State | <i>T-1</i> | 6. Election Campaign Financing | \$5.00 May Be |
| 3 | | 28 HIame | <u> </u> | Trust Fund Contribution | Added to Fees |
| Zip | Country | 7ip | Collety | 8. This corporation has liability for intar | |
| 4 | 25 | 29 23 18 30 | DI USA. | | s No |
| g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | |
| REBELLON, OLMEDO 81 Name | | | | | |
| 2333 BRICKELL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MEZZANINE SUITE | | | | | |
| MIAMI FL 33129 83 | | | | | |
| | | | 84 City | | B5 Zip Code |
| | | | | | FL [] |
| 11. Pursuant to the provisions of Seekons 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 Telestoil (1) Olmedo Lebellon 4/20/47 | | | | | |
| | Signature, typed or present harne of registered agent | | legistered Agent signature requ | | ATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | S AND DIRECTORS IN 12 Addition |
| TITLE | DEDELLON OLUEDO | L DELETE | 1.1 TITLE | | Change D Addition |
| NAME | REBELLON, OLMEDO | | 1.2 NAME | | |
| Street address | 10335 NORTHWEST 48TH STRE | EI | 1,3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33178 | D DOLLTE | 1.4 CITY - S1 - ZIP | | Change Addition |
| TITLE | D DAMILLO DI IDV | ☐ DELETE | 21111111 | | ChangeAboutton (|
| NAME | JARAMILLO, RUBY 10335 NORTHWEST 48TH STRE | CT · | 2.2 NAME | | |
| STREET ADDRESS | | C I | 2,3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33178 | DELETE | 2.4 City-St-ZiP | | Change Addition |
| TITLE | | ☐ DELETE | 31 TITLE | | L Change L Addition |
| NAME | | | -3.2 NAME . | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | T COLUMN | 3 4. CiTY - S1 - ZiP | | Obana DAJANA |
| TITLE | | L] DELETE | 4.1 THE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 1 | |
| CITY-ST-ZIP | | T curre | 4,4 CDY - S1 - ZIP | | Channe |
| TITLE | | ☐ DELETE | .5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | D DELETE | 5.4 CITY-ST-ZIP | | Change Address |
| TITLE | | ☐ DELFTE | 6.1 TITLE | | Change Addition |
| NAME | | | 62 NAME | • | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 8 / | Total Action (Control of Control | 6 4 CITY - ST - ZIP | Ji. Caslina 110 07(0)(3) Illanda Casl | further conditions |
| 14. I GO NOFOL | ov certify that the information supplied | with this tiling does not quality t | or the exemption state | ed in Section 119.07(3)(i), Florida Statutes. L | runner cerniy triat the |

I the executed in section in the manufactors are many uses not quality for the execution 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 eath; that I am an officer or director of the corporation or the receiver or fursive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change d, or on an attachment with an address.