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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90031 044 ****150.00

DOCUMENT # **P97000002226**

1. Corporation Name
RIVOELAC CORPORATION

Principal Place of Business
4016 S.W. 57 AVE
MIAMI FL 33155
US

Mailing Address
4016 S.W. 57 AVE
MIAMI FL 33155
US

	DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualifed **01/02/1997**		
4. FEI Number **65-0723576**	Applied For / Not Applicable	
5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No		

2. Principal Place of Business	2a. Mailing Address 26		
21	Suite, Apt. #, etc. 27		
22 Suite, Apt. #, etc.	City & State 28		
23 City & State	Zip 29 Country 30		
24 Zip 25 Country			

9. Name and Address of Current Registered Agent

LLERANOLI, ERNESTO
4016 S.W. 57 AVE
MIAMI FL 33155

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 _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		13.		
TITLE **P**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **SANCHEZ, VIRGILIO**		1.2 NAME		
STREET ADDRESS **1178 S.W. 22 TERR**		1.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL 33129**		1.4 CITY-ST-ZIP		
TITLE **S**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **LLERANDI, ERESTO**		2.2 NAME		
STREET ADDRESS **4016 S.W. 57 AVE**		2.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL 33155**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	☐ DELETE	4.1 TITLE		
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	☐ DELETE	5.1 TITLE		
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	☐ DELETE	6.1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (11/98)