## 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 Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90273 020 \*\*\*167.50

## DOCUMENT # P97000011402

1. Corporation Name

**RICOL CORPORATION** 

Principal Place of Business	Mailing Address				
8391 NW 64TH STREET MIAMI FL 33166	8391 NW 64TH STREET MIAMI FL 33166				
2. Principal Place of Business 21 3438 SW 1815T	2a. Mailing Address 26 /3438 SW 13/5				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State  23 MioMi Fl  Zip Country	City & State  28 /1/0 mi F/  Zip Country				

MIAMI PL 33100 MIAMI PL 33100			DO NOT WRITE IN THIS SPACE			
		3	Date Incorporated or C 02/05/1997	Qualifed		
2. Principal Place of Business	2a. Mailing Address 26 /3438 SW /3/	57 4	65-0733281	-	-	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5	i. Certifcate of Status De	esired 🔀	•	5 Additional Required
City & State . Ff	City & State  Z8 Miami F	6	. Election Campaign Fir Trust Fund Contributio	- 11		00 May Be led to Fees
Zip Country 4 33/86 25	Zip Count 29 33/86 30		. This corporation owes Personal Property Tax	C	☐ Yes	□No
	ss of Current Registered Agent		). Name and Address of	of New Registere	d Agent	
TURK, RICARDO 8391 NW 64TH STREET		Name Ricc 82 Street Address (	P.O. Box Number is Not	r K t Acceptable)		
MIAMI FL 33166	8	83 1343B	1&1 W.Z	st		
<u></u>		84 City Mian	mi	F		Zip Code 331 86

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: It	Registered Agent signature require	er( when reinstating) DATE	'			
12.	OFFICERS AND DIRECTORS	13.	o Agent agrance required when the most agrant agran				
TITLE	D DELETE	1.1 TITLE	☐ Change	☐ Addition			
NAME	GONAZALEZ, MARIA C	1.2 NAME					
STREET ADDRESS	14942 S.W. 149TH ST.	1.3 STREET ADDRESS					
CITY-ST-ZIP	_MIAMI FL 33196	1.4 CITY-ST-ZIP					
TITLE	D DELÉTE	2.1 TITLE	☐ Change	☐ Addition			
NAME	TURK, RICARDO	2.2 NAME					
STREET ADDRESS	10816 S.W. 88TH ST.	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP					
TITLE	DELETE	3.1 TITLE	Change	☐ Addition			
NAME	POROPATICH, JAMES J	3.2 NAME					
STREET ADDRESS	491 HIGH STREET	3.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33432	3.4. CITY-\$T-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change	Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP		<u> </u>			
TITLE	DELETE	5.1 TITLE	☐ Change	☐ Addition			
NAME	•	5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
	•	64 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 frub 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:

5800 KEWE