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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000017534 (3)

RIUTEL ORLANDO, INC.

Principal Place of Business

Mailing Address

FILED Feb 18 1998 8:00am Secretary of State



POST OFFICE BOX 8020 HALLANDALE FL 33008			POST OFFICE BOX 802 HALLANDALE FL 33008	0	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1997
2. Principal Place of Business 21. 8688 PALM PARKUMY 26. Mailing Address 27. Suite And # etc.				DRINDO	4. FEI Number 65-0737483 Applied For Not Applicable
Suite, Apt.	H, etc.	, Fe 32836	Suite, Apt. #, etc.	wins AUE	5. Certificate of Status Desired See Required Fee Required
City & Stal	le		City & State 28 Kliani Be		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 32.	836	Country 25 COLANGE	29 33/40	Country 30 Missei &	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
BROWN, GARY L 81 Name					Lise Oil
20803 BISCYANE BLVD				82 Street	Address (P.O. Box Number is Not Acceptable)
SUITE 200				OZ SILGGE	Address (F.O. box Number is Not Acceptable)
41 100 100 100 100 100 100 100 100 100 1					3101 COLLINS LVE.
				<u> </u>	
				84 City	PLIAMI BEACH FL 85 ZID COOR 33/40
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.					
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
SIGNATURE Signature typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD		DELETE	1.1 TITLE	PTD D Addition Addition
NAME	RIU, LI	uis jr		1.2 NAME	Nis RIV
STREET ADDRESS	% BEC	izow Korn & Kan, F	P.A., P. O. BOX 8020	1.3 STREET ADDRESS	3/0/ COLLINS AVE
CITY-ST-ZIP		NDALE FL 33008		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33/40/
TITLE	VSD		☐ DELETE	2.1 TITLE	VSD Change Addition
NAME	riu gi	Jell, Carmen		2.2 NAME	CARMEN RIV GUELL
STREET ADDRESS	1	COLLINS AVENUE		2.3 STREET ADDRESS	3101 COLLINS AVE
CITY-ST-ZIP		MI BEACH FL 33160		2. 4 CITY - ST - ZIP	MIAMI BEACH FL, 33140
TITLE	D		☐ DELETE	3 1 TIFLE	
NAME		IEK, MICHAEL		3.2 NAME	TETTINGK MICHAEL
STREET ADDRESS		ZOW KORN & KAN, P	P. O. BOX 8020	3.3 STREET ADDRESS	3101 COLLINS AVE MISMI BEACH, FZ 33140
CITY-ST-ZIP	HALLA	NDALE FL 33008		3.4. CITY-ST-ZIP	
TITLE			☐ DELETE	4.1 TITLE	☐ Change ☐ Addilion
NAME				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	į
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	- Tourst	4.4 CITY-ST-ZIP	
TITLE			DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME OTREET ADDRESS				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP			DELETE	5.4 CITY-ST-ZIP	[] Observe [] Common []
TITLE				6.1 TITLE	Change Addition
NAME PAREET ARROGGE				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
14. I hereby o	ertify that the	information supplied with	h this filing does not qualify for	the exemption state	d in Section 119 07/(3)(i) Florida Statutes - further certify that the information
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 of 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 altachment with an address.					

PREZEDENT