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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

5204637

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700050603 (4)

Block 12 or Block 13 if changed, or on an attachment with an address.

RIOS CUSTOM WORK INC.

Principal Place of Business Mailing Address 8440 SUNSET STRIP 8440 SUNSET STRIP SUNRISE FL 33322 SUNRISE FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65 0767 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П 28 Added to Fees Zin Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RIOS. FREDY 8440 SUNSET STRIP 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 84 City 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 diapple able (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Addition Change 1.1 TITLE CAM Yrenident NAME REDY Rios 1.2 NAME RUSLERON STREET ADDRESS 1.3 STREET ADDRESS 84901 54450 de Sunrise FC 33327 Elizabeth Comme CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Addition TITLE V. President Secretary 21 1ITLE Change escetoratales NAME 8440 Sunsel Strip 22 NAME STREET ADDRESS 2.3 STREET ADDRESS SHUST STATE STRATE Sunvise FC Industry t CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME michaelillo STREET ADDRESS 3.3 STREET ADDRESS 4503 WIBSALAN 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - 7/P TITLE DELETE Change Addition 5.1 1111.5 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change TITLE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 amount report is true and accurate and that my signature shall have the same legal effect as if made under eatily 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