PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLASE READ	ALL INS	INOC	I IONS I	DEFURE	COMPLET	ING I	113 FUR	CIVI.		121	
	RPORATION STATEMENT		A DE AF Kat er Secreta	. H S # 2	FETATE		ΩI	F] AUG 29	ED PM 3	24		
DOCUMENT # P97000055379							SECRETALY OF STATE TAULAHASSEE, FLORIDA					
Corporation Name							IAL	LEARADO) <u>[</u> [[] [] []	JUDA		
1	RIOS INVEST	MEN	ITS	, <u>1</u> N	<u>(</u> .	·						
Principa	Il Office Address	3. Mailing	Office Add		2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	4	900	0 004 -09/05	573 51-3			
4 6	NW 79 STREET	1M L	79 ST	REET	*****300.00 ****300.					ivu. vu		
		Suite, Apt. #	, 500			4. Date Incor	porated or C	Qualified	6-24	1.199	7/7	
ity & State	MT FI	City & State	IMA	<u> </u>		5. FEI Numb		iloa ()	6 2.	Applied F		
ib _	Country	Zip	71111	Country		65-0	7689	197		Not Applic	cable	
331.	50 MIAMI-DADE	331	<u>50</u>	MIAN	1I-DADE	CERTIFICAT	E OF STATUS	DESIRED 🗌		tional Fee re lificate of St		
	Name O A C	red Agent										
!	KT02											
	Street Address (P.O. Box Number is Not Acceptable) 416 NW 70						9 STREET					
	Suite, Apt. #, Etc.				. "							
	City MIAMI		State Zip Code FL 331			315)					
. I, being	appointed the registered agent of the above	e named corpo	oration, am	familiar with	and accept the o	obligations of secti	on 607.0505	or 617.0503,	F.S. /		CR2E081 (9/00)	
gnature of egistered A	gent X	GISTERED AG			A . RI	05	Date <u>∕</u> ∑	· E/8	1/20	0/	CRZED6	
- Names	and Street Addresses of Each Officer and	or Director (Fl	orida nonpri				1					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				-	State / Zip			
PD	RIOS, CARLO	S A.	416	NW	795	TREET	MI	IMA	, FL	<i>3</i> 315	50	
	201.25-AR											
	10.00-ARART								AR			
	10.00-ARART 88.75-ARSUPP							`	I KIO	-a		
	-											
. I certify	that I am an officer or director or the receiv statement application, the reason for disso	er or trustee en	npowered t	o execute this	application as	provided for in cha	oter 607 or (317, F.S. I furti	her certify the	at when filing		
owed by	the corporation have been paid and the n	ames of individ	uals listed	on this form d	o not qualify for	an exemption und	er section 11	07.0403 OF 61 19.07(3)(i), F.S	i. The inform	. mat all 1 00 5 ation indicate	ed	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

305)757-6789

Daytime Phone #





August 8, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TAXPAYER:

RIOS INVESTMENTS, INC.

DOC. NO.:

P97000055379

FORM:

UNIFORM BUSINESS REPORT (UBR)...

PERIOD:

2000 AND 2001

Gentlemen / Mesdames:

The above captioned taxpayer has requested that we write to you regarding the late filings of the 2000 and 2001 Uniform Business Report.

Foremost, please note that it was not the taxpayer's willful neglect or intent to not timely pay and file the 2000 and 2001 Corporate Annual Report but simply a result of the facts stated below.

During the end of the 1999 calendar year the taxpayer moved business locations. As a result of the address change, the taxpayer had all mail forwarded to the new address. During this change it seems that the original copy of the Report was lost in the mail since the taxpayer did not become aware of the filling until now.

In addition to the above, please note that Rios Investments, Inc. has always filed timely in the past. Furthermore, any reinstatement penalties would subject the taxpayer to unreasonable hardship.

In light of the above facts, we respectfully request that you abate all penalties. Enclosed is a check in the amount of \$300 for the 2000 and 2001 Annual Report.

Please do not hesitate to contact us should you have any questions.....

Sincerely,

ORLANDO HOYOS, CPA

Enclosures

c: Carlos Rios, President