PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State NVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90067 020 ***150.00

DOCUMENT # P98000083222								
RIDE EI	ITERPRISES, INC.							
1								
,"								
Principal Place of Business Mailing Address								
10275 COLLINS AVE., UNIT 1222 SOUTH 10275 COLLINS AVE., UNIT 122				H	·	•		
BAL HARBOUR FL 33154 BAL HARBOUR FL 33154					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed		-	
					09/24/1998			
Principal Place of Business 2a. Mailing Address			A		4. FEI Number 650861577	<u>~~</u>	olled For	
21 710 Washington Ave. 25 710 Washington			n Ar	<u>e. </u>	630861371		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A		
22 27							`	
City & State City & State Florida 28 MI am : Beach			Florida		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution			
23 Miami Blach Florida 28 Miami Black Zip Country Zip					8. This corporation owes the current year intangible			
24 3379		29 33/34 30	7/	.5-A-	Personal Property Tax.	Yes	XNO	- 3,
24 3013	9. Name and Address of Current		7		10. Name and Address of New Registered	Agent		•
				Name		•		
HERNANDEZ, URKIA				Street Ade	dress (P.O. Box Number is Not Acceptable)			
10275 COLLINS AVE., UNIT 1222 SOUTH								
BAL HARBOUR FL 33154			83					
			84	84 City F.L 8		85 Zip C	85 Zip Code	
						<u> </u>	maistared	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, Florida, Such change was auth	the abovi orized by	e-named cor the corporal	rporation submits this statement for the purpose or tion's board of directors. I hereby accept the appo	intment as reg	istered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	a Statutes	i				
SIGNATURE		A Part of continuents (MOYE: De	nietered Area	ne microsobura radius	red when reinstating) DATE	:		<u>~</u>
12.	OFFICERS AND DIRECTORS 13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	R2E034 (11/98)		
TITLE	12 · 1 / - Canada	□ DCLCTE	1.1 TITLE			Change	Addition	Ξ
NAME	Alison Filippazzo 10185 Collins Are # 12		1.2 NAME					8
STREET ADDRESS	10185 Collins Are # 12		1.3 STREET ADDRESS					ជ្ជ
CITY-ST-ZIP	MIRMI, FL. 33154 V.P. + THAS. DELETE		1.4 CITY-ST-ZIP				CD 4477aa	쏬
TITLE	V.P. + THEAS.	☐ DELETE	2.1 TITLE	j		Change	☐ Addition	0
NAME	Urkia Hernandez		22 NAME					
STREET ADDRESS 10275 CO 111015 AL # 1222			23 STREET ADDRESS		•	•	` \	
CITY-ST-ZIP	Bul Harbon F. 33/39		2.4 CITY-ST-ZIP			☐ Change	[] Addition	
TIPLE	_		3.1 TITLE	-			٠,٠٠٠٠٠٠٠	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	3.4. CT		31-2P		Change	Addition: _	
TITLE	i		4, 2 NAME			_		
STREET ADDRESS	,		4.3 STREET ADDRESS			•		
CITY-ST-ZIP			4.4 CMY-S	1		•		
TITLE	· ·	☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME			• .		
STREET ADDRESS	·		5.3 STREE	T ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP					
TITLE	☐ DELETE		BITMLE			Change	Addition	
NAME			62 NAME			•	ļ	
STREET ADDRESS			ŀ	TADORESS			.	
CITY-ST-ZIP	<u> </u>	Track - de	6.4 CITY-S		Section 119.07(3)(i), Florida Statutes. I further ce	tify that the in	formation	
14. herehv	rentry that the intormation sumpled with	this bling goes not quality for th	ы өхөглок	ioni stated in	OGCUO: 117.0/[3/[], 1 10#JB 3BBBBB. 1 fBBBB CE	wy western H		

and a supplied with this hand open for quality for the extention is selected in 19.07 (3)(). Frontal claimes, Fruither certify that the filterinal consultation and accurate and that my signature shall have the same legal effect as if made under oath, that I am an attempt the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in the receiver or trustee empowered. indicated on this annual report officer or director of the corpor Block 12 or Block 13 if thange UrKia

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

1.7-99

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