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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S64493** (7)

1. Corporation Name
RAPIDO X, INC.

Principal Place of Business
**5483 N.W. 72ND AVENUE
MIAMI FL 33166**

Mailing Address
**5483 N.W. 72ND AVENUE
MIAMI FL 33166-4223**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/08/1991

3a. Date of Last Report
04/16/1996

21. State, Apt. #, etc.

26. State, Apt. #, etc.

4. FEI Number
65-0273638

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. 25.

29. 30.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLOMA, RAUL PEREZ
5483 N.W. 72ND AVENUE
MIAMI FL 33166**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of the person named in block 9 and 10, and the appropriate)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD COLOMA, RAUL PEREZ**
STREET ADDRESS **5870 S.W. 14TH ST.**
CITY-STATE-ZIP **MIAMI FL**
TITLE ☐ DELETE
NAME **SD RIVERON, ROMELIO G.**
STREET ADDRESS **2921 S.W. 117 AVENUE**
CITY-STATE-ZIP **MIAMI FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD PEREZ COLOMA, MARGARITA**
1.3 STREET ADDRESS **5870 S.W. 14th St.**
1.4 CITY-STATE-ZIP **Miami, Fl 33144**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 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.

SIGNATURE: **Margarita Perez-Coloma**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97 (305) 883-8400

Date

Daytime Phone #

CR2E034 (9/96)