1. Entity Nan	RIO SCENERY, INC.					FILED Mar 31, 2000 8:00 am Secretary of State 03-31-2000 90107 025 ***150.00				
Principal Plac	ce of Business	Mailing Address				03-31-2000 9	010/023	130	J.00	
1820 WEST 46TH ST.		1820 WEST 46TH ST.								
#705 Hialeah Fl 33	0012-2944	#705 Hialeah Fl. 33012-2844								
						<u> </u>		HARAMAN BOR	(8 (8)) (8 8	
2. Principal Place of Business Suite, Apt. #, etc.		3. Malling Address Suite, Apt. #, etc.			İ	DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State			4.	4. FEI Number 65-0300360 Applied For Not Applicable				
Zip	Country	Zip		Country			\$8	.75 Add	litional	
• •	C. Name and Advance of Comments	Total Annual				5. Certificate of Status Desired ^				
	6. Name and Address of Current Re	Sgistered Agent		Name	<u></u>	same and Address of New Mer	istered Age	<u>. </u>		
1820	ENDEZ, DEMETRIO WEST 46TH ST.			Street Address (P.O. Box Number is Not Acceptable)						
#705 HIAI	S Eah Fl				<u> </u>					
INVE	Daric		City			FL	Zip Code	e		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee w	ill be \$550.0	State	10. Election Campaign Finar Trust Fund Contribution.		Added	May Be	
11.	OFFICERS AND DI	·——	12.		AD	DITIONS/CHANGES TO OFFIC		RECTORS Change	Addition	
NAME	MENENDEZ, DEMETRIO	☐ Delete	HAME				L	1 Change	[] Addition	
STREET ADDRESS CITY-ST-ZIP	1820 W. 46 ST., #705		STREET CITY-S	ADDRESS T-7IP						
TITLE	HIALEAH FL	☐ Delete	TITLE					Change	Addition	
NAME			NAME	10000000						
STREET ADDRESS CITY-SI-ZIP			CITY-S	ADDRESS . T-ZIP						
THTLE		☐ Delete	TITLE] Change	Addition	
NAME STREET ADDRESS	,		NAME STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	T-ZEP						
TITLE NAME		☐ Delete	TITLE					Change	Addition	
STREET ADDRESS			STREET	ADDRESS						
CITY-ST-ZIP		F) No.	CITY-S	T-ZIP				Change	Addition	
TITLE NAME		Delete	NAME				_	1 CHENTE		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP						
TITLE	<u> </u>	☐ Delete	TITLE					Change	Addition	
name Street address :			NAME	ADDRESS						
CITY-ST-ZIP			CITY-S	ADORESS T-ZIP			,			
13. I hereby of indicated of the correction changed.	certify that the information supplied with the on this report or supplemental poor is transfer or the receiver or the see emporior on an attachment with an address (with a continuous cont	is filipe does not qualify for up and accurate and that n ared to execute this report n all other like empowered.	r the exeminy signatures require	otion stated in e shall have to d by Chapter t	Section 1 ne same (507, Florid	in 19.07(3)(i): Florida Statutes. I fuegal effect as if made under oat da Statutes; and that my name a	irther certify- h; that I em a ippears in Bh			

SIGNATURE: