FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S96315** **(4)**

1. Corporation Name
RYTON HOLDINGS OF FLORIDA, INC.

Principal Place of Business
520 BRICKELL KEY DR.
SUITE 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DR.
SUITE 0-305
MIAMI FL 33131

2. Principal Place of Business
21 501 Brickell Key Drive
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Miami, Florida
Zip 24 33131 Country 25 U.S.A.

2a. Mailing Address
26 501 Brickell Key Drive
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Miami, Florida
Zip 29 33131 Country 30 U.S.A.

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 03/23/1995
4. FEI Number: 65-0302710 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SLOSBERGAS, NELSON
520 BRICKELL KEY DR.
SUITE 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: SLOSBERGAS, NELSON
82 Street Address (P.O. Box Number is Not Acceptable): 501 Brickell Key Drive
83 Suite 400
84 City: Miami, FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST GILBERT, RUBY 520 BRICKELL KEY DR MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SLOSBERGAS, NELSON 520 BRICKELL KEY DR., #305 MIAMI FL	XX DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-TITLE / 2-NAME / 3-STREET ADDRESS / 4-CITY-ST-ZIP	DPST GILBERT, RUBY 501 Brickell Key Drive, Suite 400 Miami, Florida 33131	XX Change ☐ Addition
1-TITLE / 2-NAME / 3-STREET ADDRESS / 4-CITY-ST-ZIP		☐ Change ☐ Addition
1-TITLE / 2-NAME / 3-STREET ADDRESS / 4-CITY-ST-ZIP		☐ Change ☐ Addition
1-TITLE / 2-NAME / 3-STREET ADDRESS / 4-CITY-ST-ZIP		☐ Change ☐ Addition
5-TITLE / 5-NAME / 5-STREET ADDRESS / 5-CITY-ST-ZIP		☐ Change ☐ Addition
6-TITLE / 6-NAME / 6-STREET ADDRESS / 6-CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete. 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 with an indication for a change or addition of my title or address.

SIGNATURE: [signature] Ruby Gilbert 4/17/96 374-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Area Code & Daytime Phone #