


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90235 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S96315

1. Corporation Name

RYTON HOLDINGS OF FLORIDA, INC.

Principal Place of Business

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131
US

Mailing Address

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1991

4. FEI Number

65-0302710

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

21

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

22

23

24

25

26

27

28

29

30

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

Nelson Slosbergas

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

DPST
GILBERT RUBY
501 BRICKELL KEY DRIVE, SUITE 400
MIAMI FL
☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVP
CELIA, GILBERT
501 BRICKELL KEY DR
MIAMI FL 33131
☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETED
☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETED
☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETED
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-99 PRESIDENT

CR2E034 (1/98)