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FILED

**Mar 24 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 # V34646 (2)

1. Corporation Name
RIO-BAK CORPORATION



Principal Place of Business
**12773 W. FOREST HILL BLVD.
SUITE 210
WELLINGTON FL 33414
US**

Mailing Address
**13860 WELLINGTON TRACE
#12-528
WELLINGTON FL 33414-8588
US**

3. Date Incorporated or Qualified **05/05/1992** 3a. Date of Last Report **01/29/1996**

4. FEI Number **65-0330616** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

**TEETS, FRANK D
12773 W FOREST HILL BLVD
SUITE 210
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name **Enrique F. Rionda**

82 Street Address (PO Box Number is Not Acceptable) **12773 W. Forest Hill Blvd**

83 **Suite 210**

84 City **Wellington FL** 85 Zip Code **33414**

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 *e. Rionda* **Enrique F. Rionda, Pres. 1/10/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	RIONDA, ENRIQUE F.	
STREET ADDRESS	813 NE 2ND STREET	
CITY - ST - ZIP	BELLE GLADE FL	
TITLE	VPTS	<input checked="" type="checkbox"/> DELETE
NAME	TEETS, FRANK D.	
STREET ADDRESS	12669 WHITE CORAL DR	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	AS-3	<input type="checkbox"/> DELETE
NAME	BROXTON, ROBERT E	
STREET ADDRESS	1041 CHERRY LANE	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	VP-T	<input type="checkbox"/> DELETE
NAME	Mark A. Mergo	
STREET ADDRESS	12444 Old Country Rd.	
CITY - ST - ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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: *e. Rionda* **Enrique F. Rionda, Pres. 1/10/97 561-791-9721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)