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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATI

FILED

Secretary of State

LoApr 29 1997 8:00am

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V68739

(4)

RIOS-REICH & ASSOCIATES, ARCHITECT, P.A.

Principal Plac	Principal Place of Business Mailing Address					- {			
					1				
SUITE 501 SUITE 501									
OCALA FL 34471 OCALA FL 94471-2608									
						 Date Incorporated or Qualified 10/01/1992 		ate of Last F 01/1996	Report
2. Principal Place of Business 2a. Mailing Address			So 100			4, FEI Number	Applied For		pplied For
21 8 5 Maleva C+ 26 18 5 F. Suite Apl #.			Malever Ct			59-3143983			ot Applicable
22		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State			17		6. Election Campaign Financing \$5.00 May B		May Be		
23 (Wast-	28 COLA, F.C.				Trust Fund Contribution Added to Fees			to Fees
20 3UU	71 25 USA	29 734471	30)SA		This corporation has liability for in Florida Statutes		tax under s	s. 199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered /	Agenl	
	LINS, LARRY			81 Name	:				
608 SOUTHWEST 3RD AVENUE				82 Street	Addres	s (P.O. Box Number is Not Acceptab	de)		
OCALA FL 34471									
				83					ļ
				84 City				85 Zip	Code
				1 1 '			FL	. '	
i na soitea	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such charide wa	is autoorize	od by the cor	d corporation	ation submits this statement for the p a's board of directors. Thereby accep	urpose of it the app	changing i ointment as	Is registered registered
SIGNATURE									
····	Signature, typed or printed name of registered agent			od Agent signatur	e required	when re-installing)	DATE		
12.	OFFICERS AND	*** ** ** ** ** ** ** ** ** ** ** ** **	13.		T-0	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
TITLE	RIOS-REICH, MARY	TT DEFETE	1.11		1000	en Rios-Roich		Change	Addition
NAME	-2405 S.E: 17TH ST, SUITE 501		1.2 N		165	ST COS PORTOS	1		
STREET ADDRESS	OCALA-FL			TREET ADDRESS	LIQ.	St. Malever, C	₹;		
CITY-ST-ZIP TITLE	OONENTE	DELETE		HTY-ST-ZIP		au, FL 344	11	T-1-01	
NAME		F] DETER	211					☐ Change	[] Addition
			22 N						
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.1 7	OTY-SI-ZIP				Change	Addition
NAME		La penere	3.1 h					L_ Change	L] Addition
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP				THEET ADDRESS					
TITLE		DELETE	4.1 7		 -			Change	Addition
NAME			4 2 1						
STREET ADDRESS			I	TREE 1 ADDRESS					
CITY-ST-ZIP				(TY - ST - Z(P					
TITLE		DELETE	5.11		1			Change	Addition
NAME .			5.2 N						
STREET ADDRESS				TREE1 ADDRESS					
CITY-ST-ZIP				11 Y - S1 - ZIP					
TITLE		DELETE	6.11		†			Change	Addition
NAME		-	621		1				

I do hereby certify that the information supplied with this filling 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 outh; 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.