

**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 # **824884** (1)

1. Corporation Name  
**RIO RICO PROPERTIES INC.**



Principal Place of Business: **275 RIO RICO DR. P O BOX 526000 RIO RICO AZ 85648 US**  
Mailing Address: **255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **08/03/1970**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-0953866**  
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 (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country  
25. Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. City & State  
29. Zip Country  
30. Zip Country

9. Name and Address of Current Registered Agent: **KERRIGAN, JUANITA I. 255 ALHAMBRA CIRCLE 9TH FLOOR CORAL GABLES FL 33134**  
10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when filing.)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | PD<br>JACOBSON, EDWIN<br>255 ALHAMBRA CIRCLE<br>CORAL GABLES FL | <input type="checkbox"/> DELETE                       | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP |
| TITLE                      | VTD<br>MCNAIRY, CHARLES<br>255 ALHAMBRA CIR.<br>CORAL GABLES FL | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP |
| TITLE                      | VS<br>KERRIGAN, JUANITA<br>255 ALHAMBRA CIR.<br>CORAL GABLES FL | <input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |
| TITLE                      | VD<br>GETMAN, DENNIS<br>255 ALHAMBRA CIR.<br>CORAL GABLE FL     | <input type="checkbox"/> DELETE                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |
| TITLE                      | V<br>COOK, DONALD<br>255 ALHAMBRA CIR<br>CORAL GABLES FL        | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |
| TITLE                      |   | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Juanita I. Kerrigan* Secretary/VP  
JUANITA I. KERRIGAN  
4/30/96 (305) 442-7000

CR2E034 (12/95)