

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

ATTACHED AND FILED

95 APR 19 AM 1:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 250271 (4) 1. Corporation Name RIVERSIDE EQUIPMENT CORPORATION

Principal Place of Business 2801 N.W. NORTH RIVER DRIVE P.O. BOX 52-342 MIAMI FL 33142-7027 Mailing Address 2801 N.W. NORTH RIVER DRIVE P.O. BOX 52-342 MIAMI FL 33142-7027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1961 3a. Date of Last Report 07/19/1994 4. FEI Number 59-0948890 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 10. Name and Address of New Registered Agent 81 Name ELIO ALVAREZ 82 Street Address (P.O. Box Number is Not Acceptable) 1330 CORAL WAY #305 84 City MIAMI FL 85 Zip Code 33135

Change Address Only

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 title if applicable (NOTE: Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME BABUN, JOSE 1.3 STREET ADDRESS 3160 NW 14 ST 1.4 CITY - ST - ZIP MIAMI, FL 33125 2.1 TITLE S 2.2 NAME BABUN, JOSE JESUS 2.3 STREET ADDRESS 3160 NW 14 ST 2.4 CITY - ST - ZIP MIAMI, FL 33125 3.1 TITLE T 3.2 NAME BABUN, SARA CRISTINA 3.3 STREET ADDRESS 9250 SW 69 ST 3.4 CITY - ST - ZIP MIAMI, FL 33173

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: [Signature] - SECRETARY 4-11-95 505-635-0496 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Taxpayer's Firm #