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Mar 06 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 # 250271 (4)  
1. Corporation Name  
RIVERSIDE EQUIPMENT CORPORATION



Principal Place of Business: 2901 N.W. NORTH RIVER DRIVE, P.O. BOX 52-342, MIAMI FL 33142-7027  
Mailing Address: 2901 N.W. NORTH RIVER DRIVE, P.O. BOX 52-342, MIAMI FL 33142-7027

3. Date Incorporated or Qualified: 08/15/1961  
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business: 21 2901 NW NORTH RIVER DRIVE, Suite, Apt. #: etc.  
2a. Mailing Address: 26 2945 NW 21 TERRACE, Suite, Apt. #: etc.  
22 City & State: 23 MIAMI, FLORIDA  
27 City & State: 28 MIAMI, FLORIDA  
24 Zip: 25 33142, Country: 25 US  
29 Zip: 30 33142-7019, Country: 30 US  
4. FEI Number: 59-0946890, 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

9. Name and Address of Current Registered Agent: ALVAREZ, ELIO, 1330 CORAL WAY #305, MIAMI FL 33135  
10. Name and Address of New Registered Agent: 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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABUN, JOSE	1.2 NAME	P/D BABUN-SELMAN, JOSE
STREET ADDRESS	3160 NW 14 ST	1.3 STREET ADDRESS	3160 NW 14 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33125
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABUN, JOSE JESUS	2.2 NAME	BABUN, JOSE JESUS
STREET ADDRESS	3160 NW 14 ST	2.3 STREET ADDRESS	12711 NW 6 STREET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33182
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABUN, SARA CRISTINA	3.2 NAME	BABUN, SARA CRISTINA
STREET ADDRESS	9250 SW 69 ST	3.3 STREET ADDRESS	9250 SW 69TH STREET
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33173
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jose Jesus Babun* JOSE JESUS BABUN 02/18/97 305-635-0496  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)