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**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90090 037 \*\*\*150.00

0210994

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **250271**

1. Corporation Name  
**RIVERSIDE EQUIPMENT CORPORATION**

Principal Place of Business  
 2901 N.W. NORTH RIVER DRIVE  
 MIAMI FL 33142-7027  
 US

Mailing Address  
 2901 N.W. NORTH RIVER DRIVE  
 MIAMI FL 33142-7027  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **2945 NW 21 TERR.**  
 Suite, Apt. #, etc.

28 **MIAMI, FL**  
 City & State

29 **33142** 30 **US**  
 Zip Country

3. Date Incorporated or Qualified

**08/15/1961**

4. FEI Number

**59-0948890**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**FOWLER & WHITE PA C/O JOHN FRIEDHOFF**  
**100 SE 2ND ST 17TH FLOOR**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
**PD**  
 NAME **BABUN, JOSE**  
 STREET ADDRESS **3160 NW 14 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
**VSD**  
 NAME **BABUN, JOSE JESUS**  
 STREET ADDRESS **12711 NW 6 STREET**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE  
**VTD**  
 NAME **BABUN, SARA CRISTINA**  
 STREET ADDRESS **9250 SW 69 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Jose Babun*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-99**

Date

**305-635-0496**

Daytime Phone #

CR2E034 (1/198)