

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 662644

1. Corporation Name

REDAT NORTH AMERICA, INC.

Principal Place of Business

**120 BONNIE LOCH CT.
ORLANDO FL 32806
US**

Mailing Address

**120 BONNIE LOCH CT.
ORLANDO FL 32806
US**

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90111 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1980

4. FEI Number

59-2016449

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**ROACH, RAYMOND
120 BONNIE LOCH CT.
ORLANDO FL 32806**

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

☐ DELETE

TITLE
V
NAME
ROACH, RAYMOND
STREET ADDRESS
120 BONNIE LOCH CT.
CITY-ST-ZIP
ORLANDO, FL 00000

TITLE
S
NAME
CORTELLA, ATTILIO G
STREET ADDRESS
10029 VILLASTELLONE
CITY-ST-ZIP
TORINO, ITALY 00000

TITLE
AS
NAME
ROMNEY, SCOTT G
STREET ADDRESS
2290 FIRST NAT'L BLDG
CITY-ST-ZIP
DETROIT, MI 00000

TITLE
PDT
NAME
CORTELLA, ATTILIO G
STREET ADDRESS
CORSO MONCALIERI 466/11
CITY-ST-ZIP
TORINO, ITALY 00000

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☒ Change

☐ Addition

10029 VILLASTELLONE

☐ Change

☐ Addition

☐ Change

☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond Roach **RAYMOND ROACH** **1-8-99 407-246-1600**

CR2E034 (1/98)