

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F23285 (2)**

1. Corporation Name  
**RICHARDS TRACTORS & IMPLEMENTS, INC.**



Principal Place of Business: **550 N FLAGLER HOMESTEAD FL 33030**  
Mailing Address: **550 N FLAGLER HOMESTEAD FL 33030**

3. Date Incorporated or Qualified: **02/24/1981**      3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-2081016**      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

2. Principal Place of Business: 21  
22. Suite, Apt. #, etc.:  
23. City & State:  
24. Zip: 25. Country:

2a. Mailing Address: 26  
27. Suite, Apt. #, etc.:  
28. City & State:  
29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

**DAVID, THOMAS L  
1221 BRICKELL AVENUE, 10TH 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, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>NERET, MAURICIO</b>	
STREET ADDRESS	<b>6000 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARDENAL, JOSE V</b>	
STREET ADDRESS	<b>7705 S W 139TH STERR</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 00000</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, ERNESTO</b>	
STREET ADDRESS	<b>89 BAY HEIGHTS DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>600001746456</b>
4.4 CITY-ST-ZIP	<b>-03/18/96--01031--015</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>***200.00</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Jose V Cardenal      Date: 1/24/96      Daytime Phone #: (305) 247-8711

CR2E034 (12/95)      PIN 3-18-1996