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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F23285

(2)

RICHARDS TRACTORS & IMPLEMENTS, INC.

Principal Piace	of Business	Mailing Address	Mailing Address		. I IABDIOR 1948 SIREA CLUSA NAMA LASAR APIN S	BIBLI ANDIN DIQIN BIBLI DIBLI ƏLƏH IDDI
550 N FLAGLER HOMESTEAD FL 33030		550 N FLAGLER Homestead FL 33030-61	550 N FLAGLER HOMESTEAD FL 33030-6137			
					3. Date Incorporated or Qualified 02/24/1981	3a. Date of Last Report 03/18/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	4	Suite, Apt. #, etc.			59-2081016	Not Applicable 58.75 Additional
22 Suite, Apr	#, Q(c).	27			5. Certificate of Status Desired	Fee Required
City & State)	City & State		·	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Coun	try	8. This corporation has liability for i	
24	25 9. Name and Address of Currer	29	30		Fiorida Statutes 10. Name and Address of New Re	Yes No
DAIA		it negistered Agent		31 Name	10. Hattle and Address of New Yes	Sisterior Agolic
	id, thomas l I Brickell Avenue, 10th flo	INP			666	
1221	DRIONELL ATERIOL, TOTAL TEO	·VI	*	Street Add	ress (P.O. Box Number is Not Acceptab	le)
MIAN	MI FL 33131		Ī	93		
****			-	84 City		85 Zip Code
				Ony		FL S ZIP COO
office or re agent ± ad SIGNATURE	egistered agent, or both, in the State ni familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Statu	by the corporates.	ooration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
12.	Signature, typed or printed name of registered agr OFFICERS AN	en and the fapplicable (NC ID DIRECTORS	TE Registered.	Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12
TOTAL	DV	DELETE	1.3 TiTL	E T	ADDITIONATION AND TO OFFICE	Change Addition
NAME	NERET, MAURICIO		1.2 NAN	į		
STREET ADDRESS	6000 RIVIERA DRIVE		1.3 STR	EET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 00000		1.4 CITY	Y-ST-ZIP		
TITLE	PD	DELETE	2.1 111),	£		☐ Change ☐ Addition
NAME	CARDENAL, JOSE V		2.2 NAN	AE		
STREET ADDRESS	7705 S W 139TH STERR			EET ADDRESS		
CITY - ST - ZIP	MIAMI, FLORIDA 00000	DELETE		Y-ST-ZIP		Change Addition
TITLE	DS Fernandez, Ernesto		3 1 TITL 3.2 NAM	ì		C cuande C vocation
NAME STREET ADDRESS	89 BAY HEIGHTS DRIVE			EET ADDRESS		
CITY-ST-ZIP	MIAMI, FLORIDA 00000			Y-ST-ZIP		
TITLE		DELETE	4.1 TITL			Change Addition
NAME		,	4 2 NA	ME		· '
STREET ADDRESS			43 STR	EET ADDRESS		
CITA - ST - St5			4.4 CiT	Y-ST-ZIP		
TULE		☐ DELETE	5 1 TITL	.E		☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T net exe		Y - ST - ZIP		Change Addition
TITLE		☐ DELETE	6.1 TH			□ cueda □ vancou
NAME Proces Annonego			6.2 NAA			
STREET ADDRESS	,			EET ADDRESS		
CITY-ST-ZIP 14. I do heret	by certify that the information supplie	ed with this filing does not qua		Y-ST-ZIP exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informal∗o Lam an ol	in indicated on this annual report or :	supplemental annual report is r the receiver or trustee empo	true and ac wered to ex	ccurate and tha	t my signature shall have the same lega rt as required by Chapter 607, Florida S	I effect as if made under oath; that

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

CALDEVAL

01/20/97

(305)247-87

FILED

Jan 28 1997 8:00am

Secretary of State

Daytime Phorie #