

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2081016	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVID, THOMAS L 1221 BRICKELL AVENUE, 10TH FLOOR MIAMI FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	VIBE President
NAME	NERET, MAURICIO	1.2 NAME	Rosario Fernandez
STREET ADDRESS	6000 RIVIERA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	Assistant Secretary
NAME	CARDENAL JOSE V	2.2 NAME	Maria R. Fernandez
STREET ADDRESS	7705 S W 139TH STERR	2.3 STREET ADDRESS	Pacific Credit Corp
CITY-ST-ZIP	MIAMI, FLORIDA 00000	2.4 CITY-ST-ZIP	701 Brickell Ave suite 1550 MIAMI, FL 33131
TITLE	DS	3.1 TITLE	Treasurer
NAME	FERNANDEZ, ERNESTO	3.2 NAME	Javier Solorzano
STREET ADDRESS	89 BAY HEIGHTS DRIVE	3.3 STREET ADDRESS	9047 SW 67 AVE
CITY-ST-ZIP	MIAMI, FLORIDA 00000	3.4 CITY-ST-ZIP	Miami, FL 33143
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: SIGNATURE REQUIRED JOSE V. CARDENAL, Pres. 01/16/98 (305)297-8711

CR2E034 (10/97)