

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

0172871

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90161 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F23285**  
 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 21 1995 N.E. 8th St Suite, Apt. #, etc.		2a. Mailing Address 26 1995 N.E. 8th St Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/24/1981	
22		27		4. FEI Number 59-2081016	
23 City & State Homestead, FL		28 City & State Homestead, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33033		29 Zip 33033		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country DADE		30 Country DADE		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERET, MAURICIO	1.2 NAME	
STREET ADDRESS	6000 RIVIERA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDENAL, JOSE V	2.2 NAME	
STREET ADDRESS	7705 S W 139TH STERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ERNESTO	3.2 NAME	
STREET ADDRESS	89 BAY HEIGHTS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ROSARIO	4.2 NAME	
STREET ADDRESS	701 BRICKELL AVE STE 1550	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARIA R	5.2 NAME	
STREET ADDRESS	701 BRICKELL AVE STE 1550	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLORZANO, JAVIER	6.2 NAME	
STREET ADDRESS	9047 SW 67 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ JAN 15, 1999 (305) 247-8711

CR2E034 (11/98)