

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED	
DOCUMENT # G86889 (4)		T. Corporation Name		1995 MAY -1 AM 10:16	
REVELL INVESTMENTS INTERNATIONAL, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7211 Bedlington Rd. Miami Lakes, FL 33014		Mailing Address 7211 Bedlington Rd. Miami Lakes, FL 33014		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 02/22/1984	
21		26		3a. Date of Last Report 04/26/1994	
Sute, Apt #, etc		Sute, Apt #, etc		4. FEI Number 59-2375666	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ yes ☒ no	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
REVELL, WALTER L. 7211 Bedlington Rd. Miami Lakes, FL 33014				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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY ST ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP		
CD REVELL, WALTER L. 7211 Bedlington Rd. Miami Lakes, FL			CD REVELL, WALTER L. 7211 Bedlington Rd. Miami Lakes, FL 33014		
TITLE NAME STREET ADDRESS CITY ST ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP		
PDS REVELL, SHEILA W. 7211 Bedlington Rd. Miami Lakes, FL			PDS REVELL, SHEILA W. 7211 Bedlington Rd. Miami Lakes, FL 33014		
TITLE NAME STREET ADDRESS CITY ST ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP		
			V/D REVELL, KEITH D. 7211 Bedlington Rd. Miami Lakes, FL 33014		
TITLE NAME STREET ADDRESS CITY ST ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP		
			V/D/T REVELL, DINA C. 7211 Bedlington Rd. Miami Lakes, FL 33014		
TITLE NAME STREET ADDRESS CITY ST ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP		
			V/D REVELL, ELLIOT N. 7211 Bedlington Rd. Miami Lakes, FL 33014		
TITLE NAME STREET ADDRESS CITY ST ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP		
			500001470315 -05/02/95-01020-001 *****200.00 *****200.00		
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 110.07(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: _____			WALTER L. REVELL		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			April 19, 1995 (305) 567-1888		