

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33479

(7)

1. Corporation Name

CANTIERI RIVA INC.

Principal Place of Business

C/O WILLIAM P. KENNEDY
P.O. BOX 476
LYNDHURST NJ 07071

Mailing Address

C/O WILLIAM P. KENNEDY
P.O. BOX 476
LYNDHURST NJ 07071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/08/1991

3a. Date of Last Report

07/06/1994

4. FEI Number

22-3084458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 140 EAST Ridgewood Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 140 EAST Ridgewood Ave

Suite, Apt. #, etc.

City & State

23 Paramus N.J.

Zip

07652

Country

City & State

28 Paramus N.J.

Zip

07652

Country

24 07652

25

29 07652

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1608, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHAREN, ROBERT W
STREET ADDRESS	120 CHUBB AVENUE
CITY-ST-ZIP	LYNDHURST NJ
TITLE	STD
NAME	KENNEDY, WILLIAM P.
STREET ADDRESS	120 CHUBB AVENUE
CITY-ST-ZIP	LYNDHURST NJ
TITLE	D
NAME	WARD, PETER T.
STREET ADDRESS	PYM'S LANE
CITY-ST-ZIP	CREWE, CHES. ENGLAND
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	140 EAST Ridgewood Ave
1.4 CITY-ST-ZIP	PARAMUS NJ 07652
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	140 EAST Ridgewood Ave
2.4 CITY-ST-ZIP	PARAMUS NJ 07652
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Delate
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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 an attorney 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 a checkmark.

SIGNATURE:

WILLIAM P. KENNEDY STD

3-16-95 (201)-967-9100