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Mar 31, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000085399

1. Corporation Name

RAV EQUIPMENT U.S.A., INC.

Principal Place	e of Business	Mailing Address		- I SAMULANU SKO KOSIO OKUK BOUK OKEH OOKI	i <b>Gain</b> t ( <b>Cint n</b> iann iille inii£ juit inni
14 N E 1ST AVENUE		14 NE 1ST AVENUE			
SUITE 1106		SUITE 1106		DO NOT WRITE IN THIS SPACE	
		MIAMI FL 33132 US		3. Date Incorporated or Qualifed	
05	•	Ų0		10/16/1996	
2 Principal Pl	lace of Business	2a. Mailing Address	<del> </del>	4. FEI Number	Applied For
21	age of Business	26		65-0706384	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ear Intangible ☐ Yes ☐ No
24	25		30	Personal Property Tax.  10. Name and Address of New Regist	
	9. Name and Address of Current	Registered Agent	81 Name	10. Italia alla riadiosa di italia.	
cos	TABEL, ATTILIO M			ostabel. Attilio M.	
	.W. 8TH STREET	•		ress (P.O. Box Number is Not Acceptable) 4 NE 1st Avenue, Suite	1105 1
	E 2014		83		
	VI FL 33130			iami Florida .	
			84 City	•	FL 85 Zip Code 33132
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpo	se of changing its registered
office or a	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Flonda. Such change was au	ithorized by the corporation	on's board of directors. I hereby accept the	appointment as registered
Ť	iii laimiai wiiii, and accept the esigna	0110 01, 0000011 00110000, 1 1011			
SIGNATURE					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DA	TE
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	Registered Agent signature require	d when reinstating) DA ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
ļ <u>.                                    </u>		<u> </u>			
12.	OFFICERS AND D SANTI, ING. SILVANO	DIRECTORS DELETE	13.		RS AND DIRECTORS IN 12
12.	OFFICERS AND D SANTI, ING. SILVANO VIA 1 MAGGIO N. 3, 40044 PON	DIRECTORS DELETE	13. 1.1 TILE		RS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AND D SANTI, ING. SILVANO	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		RS AND DIRECTORS IN 12  Change Addition
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flon 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 of 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 inverse hiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the provided in the same legal effect as if made under oath; that I am an inverse hiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an inverse hiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the informal indicated on this annual report officer or director of the con-

JINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP ~