

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

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**95 APR 27 PM 12:47**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # V14085 (7)**  
1. Corporation Name  
**REVEX USA, INC.**

Principal Place of Business: **FOUR SAWGRASS VILLAGE 110 PONTE VEDRA BEACH FL 32082 US**  
Mailing Address: **P.O. BOX 1806 PONTE VEDRA BEACH FL 32004 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/13/1992** 3a. Date of Last Report: **05/09/1994**  
4. FEI Number: **59-3114184** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. City & State: 22. City & State: 23. City & State: 24. City & State: 25. City & State: 26. Mailing Address: 27. City & State: 28. City & State: 29. City & State: 30. City & State:

9. Name and Address of Current Registered Agent: **BOETTCHER, JUERGEN  
FOUR SAWGRASS VILLAGE, #110  
~~SUITE 296~~  
PONTE VEDRA BCH FL 32082**  
10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOETTCHER, JUERGEN</b>	1.2 NAME	
STREET ADDRESS	<b>FOUR SAWGRASS VILLAGE, #110</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: K. Stuber BOETTCHER PRES. 04/20/95 904-273-0708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR