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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 09 1997 8:00am Secretary of State

DOCUMENT # 540979 (2) 1. Corporation Name RIBIS CUTLERY, INC.							
Principal Place of Business 6204 S.W. EIGHT STREET MIAMI FL 33144		Mailing Address 6204 S.W. EIGHT STREET MIAMI FL 33144-4810		T 196161 91811 91811 91811 18914 18919 1911 91811 91811 91811 91811 91811 91814 1991			
					3. Date Incorporated or Qualified 07/05/1977	3a. Date of Last Re 04/24/1996	eport
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21			. etc		59-1757075		t Applicable
22	27				5. Certificate of Status Desired	S8.75 /	
City & State	)	City & State	City & State		6. Election Campaign Financing	\$5.00	<u> </u>
23	28				Trust Fund Contribution	Added t	to Fees
Zip	Country Zip Cou		Coun	try	This corporation has liability for it     Florida Statutes	intangible tax under s. ] Yes <b>- IX</b> ] No	. 199.032,
24	9, Name and Address of Curren		[30]		10. Name and Address of New Re-		
CAB	ACO, VALERIANO			Name		=	
6204 SW 8TH ST				Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
MIAMI FL 33144							
			1	13			ļ
			Ē	14 City		FL 85 Zip C	Code
11 Parsuant t	a the provisions of Sections 607 050	P and 607 1508 Florida State	tes the abo	ve-named cor	notation submits this statement for the n		s registered
office or re	egistered agent, or both, in the State	of Florida, Such change was tions of Section 607 0505.	authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	it the appointment as	registered
SIGNATURE	Than man want and beough the oblige		iorioù olala				l
	Signature, typed or probed name of registered ager			Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND	DELETE DELETE	13.	<del> </del>	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR  Change	IS IN 12 S
NAME	CABACO, VALERIANO		1,2 NAM	1		Change	ריין אטטינוטוו
STREET ADDRESS	6204 SW 8TH ST		1	EET ADDRESS			
CITY-ST ZIF	MIAMI FL		1	-ST-ZIP			( )
TITLE	SD	☐ DELETE	2.1 TiTL			☐ Change	Addition
NAME	CABACO, ROSA		2.2 NAM	IE .			
STREET ADORESS	6204 SW 8TH ST		2.3 STR	ET ADDRESS			
CITY - ST - ZIP	MIAMI FL	I DELEVE		Y-ST-ZIP			N. Augusta
TITLE NAME		☐ DELETE	3.1 TITL 3.2 NAM	1		L Change	L_] Addition
STREET ADDRESS				ET ADDRESS			}
CITY - \$1 - 70°				(+S1-ZIP			}
1111.6		DELETE	4.1 TITL			Change	Addition
NAME			4. 2 NA	AE ]			
STREET ADDRESS			4.3 STRI	ET ADDRESS	•		
CITY - \$1 - 719	- No 19 18 17 18 17 18 18 17 18 18 17 18 18 17 18 18 17 18 18 17 18 18 17 -	Driett		-ST-ZIP		T 05-1	T NAME OF
TIBLE		☐ DELETE	5 1 TITL	1		Change	Addition
NAME STREET ADDRESS			5.2 NAM 5.3 STRI	EFT ADDRESS			Ì
CITY - ST - ZIF			•	-ST-ZIP			}
Tillf		☐ DELETE	61 YITU		<del> </del>	☐ Change	Addition
NAME			62 NAM	ie			
STREET ADDRESS			6.3 STR	ET ADDRESS			ļ
C-TY-S1-ZIP			6.4 CITY	- ST - ZIP			
<b>14.</b> I do hereb	y ceruly that the information supplied	with this filing does not qual	ity for the e	xemption state	d in Section 119.07(3)(i), Florida Statutes	<ol> <li>I further certify that</li> </ol>	ine

14. I do hereby certify that the information supplied with this filling 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 emowered 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 address.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

VALERIANO CABACO

**305-261-23**05

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