

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05540**

1. Entity Name  
**INTERNATIONAL TRACTOR EXPORT COMPANY, INC.**



Principal Place of Business  
**7823 NW 72 AVE.  
MIAMI, FL 33166**

Mailing Address  
**7823 NW 72 AVE.  
MIAMI, FL 33166**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2451369**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DIAZ-BERGNES, GABRIEL  
814 PONCE DE LEON BLVD.  
SUITE 505  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000787951  
01/18/08-80020-010 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LUCIANO, LANZA A
STREET ADDRESS	944 SW 60 PL
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	LANZA, FRANCISCO J.
STREET ADDRESS	10450 S.W. 19TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	LEON, MIGUEL A
STREET ADDRESS	7001 SW 60 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	AS
NAME	COMPOS, IVAN N
STREET ADDRESS	7330 NW 114
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	T
NAME	PINON, MARITZA Y
STREET ADDRESS	13854 SW 32 ST
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

**F. JAVIER LANZA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/08**  
Date

**305-884-1702**  
Daytime Phone #