

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000003316 (5)

1. Corporation Name

ISO-RIVOLTA AUTO MUSEUM, INC.



Principal Place of Business

Mailing Address

215 ROBIN DRIVE  
SARASOTA FL

215 ROBIN DRIVE  
SARASOTA FL 34236-1603

3. Date Incorporated or Qualified  
07/13/1995

3a. Date of Last Report  
06/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

22. City & State

26. Suite, Apt #, etc.

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

23. Zip

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24. Country

25. Country

28. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVOLTA-BARBERI, PIERO  
215 ROBIN DRIVE  
SARASOTA FL

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
RIVOLTA-BARBERI, PIERO  
STREET ADDRESS 215 ROBIN DRIVE  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME SD  
RIVOLTA, RACHELE  
STREET ADDRESS 215 ROBIN DRIVE  
CITY-ST-ZIP SARASOTA FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D  
VENABLE, JOSEPH P  
STREET ADDRESS 1400 FOURTH AVENUE WEST  
CITY-ST-ZIP BRADENTON FL 34205

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

400002198974  
-06/03/97--01006--026  
\*\*\*61.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

PC  
5.20  
941-  
942 0325

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003  
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)  
**ISO-Rivolta Auto Museum, Inc.**

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**2033 Main Street, Suite #104**

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code  
**Sarasota, FL 34237**

5b City, state, and ZIP code

6 County and state where principal business is located

**Sarasota, Florida**

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ **Piero Rivolta, President**  
**SSN 592-32-7193**

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole Proprietor (SSN)

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify)

☐ Other (specify) ▶

☐ Personal service corp.

☐ National guard

☐ Estate (SSN of decedent)

☐ Plan administrator-SSN

☒ Other corporation (specify) **classic automobiles**

☐ Federal government/military

☐ Church or church controlled organization

☐ Trust

☐ Partnership

☐ Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State  
**Florida**

Foreign country  
**N/A**

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ▶ **display classic automobiles**

☐ Hired employees

☐ Created a pension plan (specify type) ▶

☐ Banking purpose (specify) ▶

☐ Changed type of organization (specify) ▶

☐ Purchased going business

☐ Created a trust (specify) ▶

☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**07/13/95**

11 Enter closing month of accounting year. (See instructions.)  
**December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural  
**0**

Agricultural  
**0**

Household  
**0**

14 Principal activity (See instructions.) ▶ **import, acquire & display classic automobiles**

15 Is the principal business activity manufacturing? . . . . .  
If "Yes," principal product and raw material used ▶

☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)

☐ Other (specify) ▶

☐ Business (wholesale)

☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? . . . . .

☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶

Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **Piero Rivolta, President**

**(941)954-0355**

Signature ▶

Date ▶

**May 9, 1997**

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying