FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:55

DOCUMENT # P93000001838 (0)

1. Corporation Name
RILECART NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
50 W. MASHTA DR. SUITE 6 KEY BISCAYNE FL 33149	50 W. MASHTA DR. SUITE 6 KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 05/20/1994

2. Principal Place of Business	2a. Mailing Address
21 2555 Collins Avenue	26 2555 Collins Avenue
Suite, Apt. #, etc. 22 Suite C 6	Suite, Apt. #, etc. 27 Suite C 6
City & State 23 Miami Beach, Florida	City & State 28 Miami Beach, Florida
Zip 24 33140 — Country 25 U.S.A.	Zip 29 33140 — Country 30

4. FEI Number: 65-0381855 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOSEPH, ALLAN A
1600 S.E. 17 ST. CAUSEWAY
SUITE 300
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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 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 ______ 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	DV	11 TITLE	☐ Change ☐ Addition
NAME	PROBO, ERMENEGILDO	12 NAME	
STREET ADDRESS	VIA GUSTINELLI, 24, 24022 ALAZANO LOMBARDO	13 STREET ADDRESS	
CITY ST ZIP	BERGAMO, ITALY	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ZADRA, ROBERTO	22 NAME	
STREET ADDRESS	VIA CONTE PINO ZANCHI, 5/C 24040 STEZZANO	23 STREET ADDRESS	
CITY ST ZIP	BERGAMO, ITALY	24 CITY ST ZIP	
TITLE	DP	31 TITLE	DP ☒ Change ☐ Addition
NAME	SASSI, CESARE	32 NAME	SASSI, CESARE
STREET ADDRESS	VIA BARDELLI, 5	33 STREET ADDRESS	2555 Collins Avenue
CITY ST ZIP	20131 MILANO, ITALY	34 CITY ST ZIP	Miami Beach, Florida 33140
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	MILES, CHVIAL	42 NAME	resigned 05/23/1994
STREET ADDRESS	202 HARDEN RD.	43 STREET ADDRESS	
CITY ST ZIP	LA GRANGEVILLE NY 12540	44 CITY ST ZIP	
TITLE		51 TITLE	D ☒ Change ☐ Addition
NAME		52 NAME	STEGANI, MICHELE elected 03/13/95
STREET ADDRESS		53 STREET ADDRESS	Via Veneto 17
CITY ST ZIP		54 CITY ST ZIP	PEDRENGO (BG), ITALY
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 119.07(3)(k), 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: Cesare Sassi, President — 03/25/1995 — (305)534-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182104 CP