

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000001838 (0)**

1. Corporation Name

RILECART OF AMERICA, INC.

Principal Place of Business

**701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131
US**

Mailing Address

**701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1993

2. Principal Place of Business

21 **2555 Collins Avenue**

Suite, Apt. #, etc.

22 **C-6**

City & State

23 **Miami Beach Fl**

Zip

24 **33140**

Country

25 **Dade**

2a. Mailing Address

26 **2555 Collins Avenue**

Suite, Apt. #, etc.

27 **C-6**

City & State

28 **Miami Beach Fl**

Zip

29 **33140**

Country

30 **Dade**

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

Allan A. Joseph

82 Street Address (P.O. Box Number is Not Acceptable)

1428 Brickell Avenue

83

Penthouse

84 City

Miami

FL

85 Zip Code
33131

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in block 12 or 13, name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/98

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	PROBO, ERMENEGILDO	
STREET ADDRESS	VIA GUSTINELLI, 24, 24022 ALAZANO LOMBARDO	
CITY-ST-ZIP	BERGAMO, ITALY	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ZADRA, ROBERTO	
STREET ADDRESS	VIA CONTE PINO ZANCHI, 5/C 24040 STEZZANO	
CITY-ST-ZIP	BERGAMO, ITALY	

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SASSI, CESARE	
STREET ADDRESS	2555 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEGANI, MICHELE	
STREET ADDRESS	VIA VENETO 17	
CITY-ST-ZIP	PEDRENCO (BG) IT	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eddie Deacon
2.3 STREET ADDRESS	1c North Crescent Cody Road
2.4 CITY-ST-ZIP	London E16 4TG, U.K.

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S Vivian Lindemann
5.3 STREET ADDRESS	4201 Collins Avenue 2303
5.4 CITY-ST-ZIP	Miami Beach FL 33140

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Dr. Cesare Sassi, President

4/24/98

(305) 534-9750

CR2E034 (10/97)