

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

30 MAY -1 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000082906 (6)

1. Corporation Name
RETRAVO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1540 E. COMMERCIAL BLVD. SUITE B FT. LAUDEDALE FL	Mailing Address 1540 E. COMMERCIAL BLVD. SUITE B FT. LAUDEDALE FL
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3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report
4. FEI Number 65-0538413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.039 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**RENZ, HEINZ
1540 E. COMMERCIAL BLVD.
SUITE B
FT. LAUDEDALE FL**

10. Name and Address of New Registered Agent

81 Name **Reubra International, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1540 E. Commercial Blvd.**
84 City **Fort Lauderdale** FL 85 Zip Code **33334**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0508, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/5/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VON STOCKAR, THOMAS
STREET ADDRESS	1540 E. COMMERCIAL BLVD. SUITE B
CITY- ST- ZIP	FT. LAUDEDALE FL 33334
TITLE	SD
NAME	RENZ, HEINZ
STREET ADDRESS	1540 E. COMMERCIAL BLVD. SUITE B
CITY- ST- ZIP	FT. LAUDEDALE FL 33334
TITLE	VD
NAME	VON STOCKAR, MADLEN
STREET ADDRESS	1540 E. COMMERCIAL BLVD. SUITE B
CITY- ST- ZIP	FT. LAUDEDALE FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/5/95** (3-15) 938-9137



P94 — 82906

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 1, 1995

RETRAVO, INC.
1540 E. COMMERCIAL BLVD.
SUITE B
FT. LAUDEDALE, FL

SUBJECT: RETRAVO, INC.
Ref. Number: P94000082906

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

Complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not a valid FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

NOTE: YOU HAVE 30 DAYS FROM THE DATE OF THIS LETTER TO MAKE THE CORRECTIONS AND RETURN THE DOCUMENT AND NOT HAVE TO PAY THE LATE FEE OF \$25.00.

PLEASE RETURN A COPY OF THIS LETTER WITH THE CORRECTED DOCUMENT TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Tony Williams
Annual Report Section

Letter number: 595A00020816