FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000026580

1. Corporation Name
TONY RISO EQUIPMENT CO, INC

Principal Place of Business
17100 COLLINS AVE
STORE # 116
MIAMI BEACH, FLA

Mailing Address
c/o Stuart Kalishman C.P.A.
17395 North Bay Road
Suite 206
Miami Beach, FL 33160

2. Principal Place of Business
21 17100 COLLINS AVE.
Suite, Apt #, etc
22 STORE 116
City & State
23 MIAMI BEACH,
Zip
24 33160
25 Country DADE

2a. Mailing Address
26
27 Suite c/o Stuart Kalishman C.P.A.
17395 North Bay Road
Suite 206
28 City Miami Beach, FL 33160
29 Zip
30 Country DADE

3. Date Incorporated or Qualified: 5-1-95
3a. Date of Last Report: N/A

4. FEI Number: 65-0581748 ☐ 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**
ANTHONY RISO
17100 COLLINS AVENUE STORE 115
MIAMI BEACH, FLORIDA 33160

10. **Name and Address of New Registered Agent**
81 Name: ANTHONY RISO
82 Street Address (P.O. Box Number is Not Acceptable): 17100 COLLINS AVENUE STORE 115
83
84 City: MIAMI BEACH FL 85 Zip Code: 33160

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]
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	PRESIDENT	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY RISO		1 2 NAME	
STREET ADDRESS	17100 COLLINS AVE # 116		1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FLA 33160		1 4 CITY-ST-ZIP	
TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	700001847487
STREET ADDRESS			5 3 STREET ADDRESS	-06/03/96--01027--024
CITY-ST-ZIP			5 4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	cl 5/1/96
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (12/95)

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: [signature] ANTHONY RISO 5-1-96 (305) 935-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #