

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086220 (7)

1. Corporation Name

RI AUTO ACCESSORIES, INC.



Principal Place of Business

7168 SW 47TH ST.. STE. C
MIAMI FL 33155

Mailing Address

7168 SW 47TH ST.. STE. C
MIAMI FL 33155

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0637748

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

25

29

30

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

10. Name and Address of New Registered Agent

WOLFE, LARRY
200 - A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

81

Name

Alejandro Handal

82

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

7168 SW 47 ST.

83

Suite, Apt. #, etc.

SUITE C

84

City

Miami

FL

85

Zip Code

33155

11. Pursuant to the provisions of Sections 607.0902 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 liability of, s. 607.0505, Florida Statutes.

SIGNATURE

Signature typed and printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

4/23/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
HANDAL, ALEJANDRO S
STREET ADDRESS
555 NE 15 ST., APT. 22D
CITY-STATE-ZIP
MIAMI FL 33132

TITLE ☐ DELETE

NAME
D
HANDAL, ALEJANDRO A
STREET ADDRESS
11305 SW 134 AVE.
CITY-STATE-ZIP
MIAMI FL 33186

TITLE ☐ DELETE

NAME
D
HANDAL, PAUL
STREET ADDRESS
AVE. OF SAN MARTIN CALLE, E#120
CITY-STATE-ZIP
SANTA CRUZ BOLIVA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(205) 661-4110

CR2E034 (12/95)