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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

R.I.
7100 S.W. 47th ST
Suite A
Miami FL 33155

2. Principal Place of Business

21 7100 SW. 47th ST

Suite, Apt #, etc.

22 Suite A

City & State

23 Miami, Florida

Zip

24 33155

Country

25 USA

26 7100 S.W. 47th ST

Suite, Apt #, etc.

27 Suite A.

City & State

28 Miami, Florida

Zip

29 33155

Country

30 USA

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0637748

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

HANDAL, ALEJANDRO S
7100 S.W. 47th ST
Suite A
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

7100 SW 47th ST

83 Suite A.

84 City

Miami

FL

85 Zip Code

33155

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 on an attachment with a address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0211168

CR2E034 (9/96)