

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

FILED  
Jun 03 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 # P96000007977 (7)

1. Corporation Name  
RIVERO EQUIPMENT, CORPORATION

Principal Place of Business  
8100 WEST OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33016

Mailing Address  
8100 WEST OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33016-2113



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0638822		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>RIVERO, LAZARO</del> <del>8102 W. OKEECHOBEE ROAD</del> <del>HIALEAH GARDENS FL 33016</del>				81 Name Rivero, Lazaro 82 Street Address (P.O. Box Number is Not Acceptable) 8100 W. Okeechobee Rd. 83 84 City Hialeah Gardens FL 85 Zip Code 33016			

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERO, ELIAS S			1.2 NAME	Rivero, Elias		
STREET ADDRESS	8102 W. OKEECHOBEE ROAD			1.3 STREET ADDRESS	8100 W. Okeechobee Rd.		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			1.4 CITY-ST-ZIP	Hialeah, Gardens, FL 33016		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERO, LAZARO			2.2 NAME	Lazaro Rivero		
STREET ADDRESS	8102 W. OKEECHOBEE ROAD			2.3 STREET ADDRESS	8100 W. Okeechobee Rd.		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			2.4 CITY-ST-ZIP	Hialeah Gardens, FL 33016		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 an address.

SIGNATURE: *Elias Rivero* Elias Rivero 4/30/97 (305) 558-8412

CR2E034 (9/96)