

8-11-97 B 8150 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Aug 11 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 # P96000083439 (5)

1. Corporation Name

REVELSTOKE INTERNATIONAL (FLORIDA) INC.

Principal Place of Business

1717 N BAYSHORE DR #127  
MIAMI FL 33132

Mailing Address

1717 N BAYSHORE DR #127  
MIAMI FL 33132-1196

2. Principal Place of Business

21 1717 N. BAYSHORE DRIVE

Suite, Apt. #, etc.

22 102

City & State

23 MIAMI FL

24 33132

Country

25 USA

2a. Mailing Address

26 1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

27 102

City & State

28 MIAMI, FLA

29 33132

Country

30 USA

3. Date Incorporated or Qualified

10/07/1996

3a. Date of Last Report

N/A

4. FEI Number

☒ 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

BORELL, ALEXANDER E  
3929 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

GINO FALSETTO

82

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

1717 N. BAYSHORE DR SUITE 102

83

84

City

MIAMI

FL

85 Zip Code

33132

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 PD  
FALSETTO, CLAUDIO  
STREET ADDRESS 1717 N BAYSHORE DR #127 102  
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ DELETE

NAME VP  
FALSETTO, GINO  
STREET ADDRESS 1717 N. BAYSHORE DR # 102  
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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

FALSETTO

(30-1) 530 N. 09

CR2E034 (9/96)