

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 # V14085 (7)

1. Corporation Name

REVEX USA, INC.



Principal Place of Business

FOUR SAWGRASS VILLAGE
110
PONTE VEDRA BEACH FL 32082
US

Mailing Address

P.O. BOX 1936
PONTE VEDRA BEACH FL 32004
US

3. Date Incorporated or Qualified

02/13/1992

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 201 ATP TOUR BLVD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 PONTE VEDRA BEACH

28 City & State

24 Zip Country

29 Zip Country

24 32082

29 30

4. FEI Number

59-3114184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BOETTCHER, JUERGEN
FOUR SAWGRASS VILLAGE, #110
PONTE VEDRA BCH FL 32082

81 Name

BOETTCHER, JUERGEN

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

201 ATP TOUR BLVD.

83

162

84 City

PONTE VEDRA BCH. FL

85 Zip Code

32082

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 fee, if applicable

(If 011, Registered Agent signature required when filing statement)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE

NAME BOETTCHER, JUERGEN
STREET ADDRESS FOUR SAWGRASS VILLAGE, #110
CITY-ST-ZIP PONTE VEDRA BCH FL

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

201 ATP TOUR BLVD, #162
PONTE VEDRA BCH. FL 32082

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOETTCHER

04/26/96

904-273-0708

(Date)

Daytime Phone #

CR2E034 (12/95)