

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

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 284216 (9)

1. Corporation Name
EQUIPMENT FOR INDUSTRY, INC.

Principal Place of Business 4661 SW 72 AVE MIAMI, FL 33155	Mailing Address 4661 SW 72 AVE MIAMI, FL 33155
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25 Country	30 Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
08/13/1964

4. FEI Number
59-1056928

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

TEST, SANDRA L
9400 SOUTH DADELAND BLVD.
SUITE 300
MIAMI, FL 33156

10. Name and Address of New Registered Agent

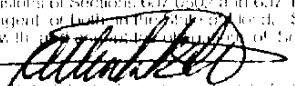
81 Name **ALBERTO BAROUH**

82 Street Address (P.O. Box Number is Not Acceptable)
48 EAST FLAGLER STREET

83

84 City **MIAMI** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of Florida to the office and agent indicated below. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation as indicated below.

SIGNATURE:  (Name of person accepting appointment as registered agent) _____

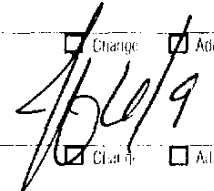
12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	AGUILERA, ENRIQUE E.	
STREET ADDRESS	881 OCEAN DR., APT. 3-D	
CITY-STATE-ZIP	KEY BISCAYNE, FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AGUILERA, LAURA I.	
STREET ADDRESS	881 OCEAN DR., APT 3-D	
CITY-STATE-ZIP	KEY BISCAYNE, FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARIA S	
STREET ADDRESS	13232 SW 52 TERRACE	
CITY-STATE-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

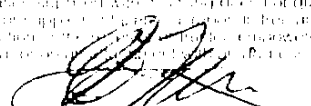
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

700002555127
-06/10/98-01079-027
****\$150.00**



14. I hereby certify that the information supplied above is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this report is supported by the records of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I have been duly elected to the position indicated below in this report as required by Chapter 607, Florida Statutes, and that I have approved this Block 12 or Block 13 of this report as required by Section 607.1508, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-98 (305)662-1513

CR2E034 (10/97)