

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murdison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **642547 (4)**

1. Corporation Name

**MANUFACTURING EQUIPMENT & TOOLS EXPORT, INC.**



Principal Place of Business

Mailing Address

175 N.W. FIRST AVE., 11TH FLOOR  
MIAMI FL 33128-1835

100 SE 2ND STREET  
17TH FLOOR  
MIAMI FL 33131  
US

2. Principal Place of Business

2a. Mailing Address

21 100 SE 2nd St.

26

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 17th Floor

27

City & State

City & State

23 Miami, FL 33131

28

Zip

Country

Zip

Country

24

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8. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H.  
100 SE SECOND STREET  
17TH FLOOR  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(5), 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 607.06(2), Florida Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHMID, PEDRO	
STREET ADDRESS	5220 NW 72 AVE #30	
CITY-STATE-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	URBIZO, CARLOS	
STREET ADDRESS	5220 N.W. 72 AVE. #30	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, NELSON	
STREET ADDRESS	5220 NW. 72 AVE#30	
CITY-STATE-ZIP	MIAMI FL	
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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied which being so volunteered, for what I have does not qualify for the exemption stated in Section 19.07(3)(g), Florida Statutes. I further certify that the information included on this annual report or supplemental filing 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 executor or trustee of a trust, and was duly elected to serve on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am not affiliated with an attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

3-11-96

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CFR2E034 (12/95)