

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

25 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H18225** (3)
1. Corporation Name
FLORIDA EQUIPMENT & PARTS, INC.

Principal Place of Business Mailing Address
10890 N.W. SOUTH RIVER DRIVE MEDLEY FL 33178
10890 N.W. SOUTH RIVER DRIVE MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1984	3a. Date of Last Report 07/14/1994
4. FEI Number 59-2613537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt # etc	26. Suite, Apt # etc
22. City & State	27. City & State
24. Zip	25. Zip
28. City & State	29. City & State
30. Zip	31. Zip

9. Name and Address of Current Registered Agent
**LEWIS, MARVIN W., ESQ.
799 BRICKELL PLAZA, #702
MIAMI FL 33131-2704**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.0301, 607.0302, 607.0303, 607.0304, 607.0305, 607.0306, 607.0307, 607.0308, 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, Sections 607.0301-607.0308, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND SHAREHOLDERS	
1. NAME	P VARELA, LUIS E.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	43 STAR ISLAND DR.	2. STREET ADDRESS	
3. CITY, ST, ZIP	MIAMI BEACH FL	3. CITY, ST, ZIP	
4. NAME	V VARELA, JEANNETTE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	43 STAR ISLAND DR.	5. STREET ADDRESS	
6. CITY, ST, ZIP	MIAMI BEACH FL	6. CITY, ST, ZIP	
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. 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 199.032(1)(b), Florida Statutes. Further, I certify that the information reported on this annual report is a faithful report as 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 assignee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with this address.

SIGNATURE: *Luiz E. Varela* President 4/25/95
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR