

**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 # **K13678 (3)**

1. Corporation Name  
**EQUIP'HOTEL, INC.**



Principal Place of Business: **7547 NW 52ND ST. MIAMI FL 33166 US**  
Mailing Address: **7547 NW 52ND ST. MIAMI FL 33166 US**

3. Date Incorporated or Qualified: **02/03/1988**  
3a. Date of Last Report: **06/06/1995**  
4. FEI Number: **65-0027096**  
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

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**POUCET, NATALIE MITCHELL  
7547 NW 52ND ST.  
MIAMI FL 33166**

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

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: (Type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when resigning) DATE:

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	POUCET, RENE	
STREET ADDRESS	9 RUE DE LAVILLE D'ORLY	
CITY- ST- ZIP	GUADALOUPE, FRENCH W	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	POUCET, FRANCOIS	
STREET ADDRESS	5845 COLLINS AVE 202	
CITY- ST- ZIP	MIAMIBEAHC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PRUDENT, CHARLES	
STREET ADDRESS	1 RESIDENCE CAMEE	
CITY- ST- ZIP	MARTINIQUE, FRENCH W	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	POUCET, NATALIE MITCHELL	
STREET ADDRESS	5845 COLLINS AVE 202	
CITY- ST- ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Natalie S. Poucet* 2/26/96 (305) 5979993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)