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Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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	Mailing Address
7547 NW 52ND ST. MIAMI FL 33166 US	7547 NW 52ND ST. MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 8405 NW 74 STREET	**2a.** Mailing Address	26 8405 N.W. 74 STREET
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23 MIAMI, FLORIDA	City & State	28 MIAMI FLORIDA
Zip	24 33166	Zip	29 33166
Country	25 USA	Country	30 USA

3. Date Incorporated or Qualified: 02/03/1988

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: POUCET, Natalie Mitchell
82 Street Address (P.O. Box Number is Not Acceptable): 8405 NW 74 STREET
83
84 City: MIAMI FL 85 Zip Code: 33166

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	☐ DELETE	1.1 TITLE	VSD ☒ Change ☐ Addition
NAME	POUCET, FRANCOIS		1.2 NAME	POUCET, FRANCOIS
STREET ADDRESS	5845 COLLINS AVE 202		1.3 STREET ADDRESS	101 NW 108 Terrace #107
CITY-ST-ZIP	MIAMIBEAHC FL		1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	PTD	☐ DELETE	2.1 TITLE	PTD ☒ Change ☐ Addition
NAME	POUCET, NATALIE MITCHELL		2.2 NAME	POUCET, Natalie Mitchell
STREET ADDRESS	5845 COLLINS AVE 202		2.3 STREET ADDRESS	101 NW 108 TERRACE #107
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: