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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90108 001 ***150.00

DOCUMENT # K13678

1. Corporation Name
EQUIP'HOTEL, INC.

Principal Place of Business	Mailing Address
8405 NW 74TH ST MIAMI FL 33166 US	8405 NW 74TH ST MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/03/1988
4. FEI Number: 65-0027096 ☐ Applied For ☐ Not Applicable
5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5901 NW 151 STREET	26 5901 NW 151 STREET
Suite, Apt. #, etc. 22 203	Suite, Apt. #, etc. 27 203
City & State 23 MIAMI LAKES, FL.	City & State 28 MIAMI LAKES, FL.
Zip 24 33014 Country 25 USA	Zip 29 33014 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

POUCET, NATALIE MITCHELL
8405 NW 74TH 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) 5901 NW 151 STREET
83 203
84 City MIAMI LAKES FL 85 Zip Code 33014

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	101 NW 108TH TERR #107		1.3 STREET ADDRESS	20709 NW 1ST STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		1.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
TITLE	PTD	☐ DELETE	2.1 TITLE	PTD	☒ Change ☐ Addition
NAME	POUCET, NATALIE MITCHELL		2.2 NAME	POUCET, Natalie Mitchell	
STREET ADDRESS	101 NW 108TH TERR #107		2.3 STREET ADDRESS	20709 NW 1ST STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		2.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
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		

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, with all other like empowered.

SIGNATURE: Natalie POUCET PRESIDENT 04/21/99 (305)5588680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)