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

FILED Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M54102 (2) EQUIPMENT TOOLS, CORP. Principal Place of Business Mailing Address 3850 S.W. 87TH AVE 1944 NW 82 AVE MIAMI FL 33126 SUITE 305 DO NOT WRITE IN THIS SPACE MIAMI FL 33165 3. Date Incorporated or Qualified 06/18/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2823641 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SALAS, WINTON 1944 NW 82 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33126 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE PSI 11 TITLE SALAS, WINSTON NAME 1.2 NAME 1944 NW 82 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFIE Change Addition 21 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TETLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 34. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME

CITY-ST-ZIP 14. Thereby 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 visted 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 a visit of the corporation of the corporation of the receiver or visited 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 a visit of the corporation of the c

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADORESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

2 February 98

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