

2001 UNIFORM BUSINESS REPORT (UBR)

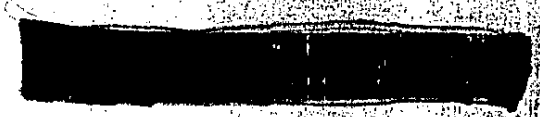
FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91174 026 ***150.00

DOCUMENT # 000000078721
 1. Entity Name
MERIDIAN-EQUIPMENT Sales Inc.

Principal Place of Business Mailing Address
8517 NW 7st #310 MIAMI FL 33126 8517 NW 7st #310 MIAMI FL 33126

A0071275



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number 65-1033649 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LORENZO F. HERNANDEZ
8517 NW 7st #310
MIAMI FLORIDA 33126

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	DELETE <input type="checkbox"/>
NAME	LORENZO F. HERNANDEZ	
STREET ADDRESS	8517 NW 7st #310	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	CD	DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORENZO F. HERNANDEZ
PRESIDENT Date 5/16/01

CORPORATION