P01000044643

REMITE:		r i i iz sperii i i i i i i i i i i i i i i i i i i
MDEQUIPOS	CORP	
INDEAD!	oun, Miami, FL	33184-USA

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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1		
(Corporation Name)	(Document #)	
2(Corporation Name)	(Document #)	
	3000048649138	
3(Corporation Name)	-02/04/0201082021 -02/04/0201082021 ******35.00 ******35.00	
(Corporation Name)	(Document 11)	
4		
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
☐ Profit	Amendment R R	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal Merger	
Other	☐ Merger	
OFFICE PHI THOS	REGISTRATION/QUALIFICATION	
OTHER FILINGS	July 0	
Annual Report	Foreign Limited Partnership	
☐ Fictitious Name	Reinstatement	
	☐ Trademark	
	Other FEB 4 2002	
	Examinan's Initials	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 19, 2001

INDEQUIPOS CORPORATION 14730 S.W. 90TH TERRACE MIAMI, FL 33196

SUBJECT: INDEQUIPOS CORPORATION

Ref. Number: P01000044643

We have received your document for INDEQUIPOS CORPORATION, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis Corporate Specialist Supervisor

Letter Number: 101A00061980

D O DOM 600M M II I I III III 11-0001

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of
the State of Florid.
1. The name of the corporation: INDEQUIPOS Corporation
The state of the s
2. The mailing address of the corporation: 14730 SW 90 Terr
Miomi, FL 32196
3. Date of incorporation/qualification: May-03-2001 Document number: P01000044643 4. The name and address of the current registered as the current
4. The name and address of the current registered agent and office:
JAVIER ECHEVERRI
14730 SUN 90 T
14730 SW 90 Terr Miawi, FL 33196
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
NATALIA ORTIZ
923 SW 119 Court
Miami, FL 33184
The street address of its registered office and the street address of the business office of its registered.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
(Signature of an officer, chaffman or vice chairman of the board) = Sept. 28 /2001
Luis Bustomaute - President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete registered agent.
performance of my duties, and I am familiar with and accept the obligation of my norther. registered agent.
1 / CHOVICA 10h
(Signature of Registered Agent) Nov - 01 - 2001
If signing on behalf of an entity:
Natalia Ortiz (Typed or Frinted Name) Register Agent
(Capacity)
* * * FILING FEE: \$35.00 * * *