

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

**FILED**

**Apr 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000007334 (1)**  
1. Corporation Name  
**IMPORT AND EXPORT SPECIALIZED EQUIPMENT AND SERVICES, INC.**



Principal Place of Business: 12851 S.W. 80TH STREET MIAMI FL 33183  
Mailing Address: 12851 S.W. 80TH STREET MIAMI FL 33183-4212

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/19/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0554850	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ALTAMIRANO, ARTURO  
12951 S.W. 80TH STREET  
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEDESMA, ANDRES M	
STREET ADDRESS	RAFAEL REBOLLAR NO. 56, COLONIA SAN MIGUEL	
CITY - ST - ZIP	C.P. 11850, MEXICO DF MEXICO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDUNO, MARTIN M	
STREET ADDRESS	RAFAEL REBOLLAR NO. 56, COLONIA SAN MIGUEL	
CITY - ST - ZIP	C.P. 11850, MEXICO DF MEXICO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDUNO, ALEJANDRO M	
STREET ADDRESS	RAFAEL REBOLLAR NO. 56, COLONIA SAN MIGUEL	
CITY - ST - ZIP	C.P. 11850, MEXICO DF MEXICO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORDOBA, ARTURO A	
STREET ADDRESS	RAFAEL REBOLLAR NO. 56, COLONIA SAN MIGUEL	
CITY - ST - ZIP	C.P. 11850, MEXICO DF MEXICO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOLINA L., ANDRES	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLINA G., MARTIN	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOLINA G., ALEJANDRO	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALTAMIRANO C., ARTURO	
4.3 STREET ADDRESS	12951 SW 80 ST.	
4.4 CITY - ST - ZIP	MIAMI FLA 33183	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: \_\_\_\_\_ Date: 04/17/97 Daytime Phone #: (305) 385-7510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

CR2E034 (9/96)