

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

**FILED**

**Apr 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000007334 (1)**  
 1. Corporation Name  
**IMPORT AND EXPORT SPECIALIZED EQUIPMENT AND SERVICES, INC.**



Principal Place of Business <b>12951 S.W. 80TH STREET MIAMI FL 33183</b>	Mailing Address <b>12951 S.W. 80TH STREET MIAMI FL 33183</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

**3.** Date Incorporated or Qualified  
**01/19/1996**

**4.** FEI Number **65-0554850**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

**5.** Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 607.0107 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, by or for printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLINA, ANDRES L</b>	1.2 NAME	
STREET ADDRESS	<b>RAFAEL REBOLLAR NO. 56, COLONIA SAN MIGUEL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>C.P. 11850, MEXICO DF MEXICO</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> <b>CORRECTION</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLINA, G M</b>	2.2 NAME	<b>MOLINA, MARTIN</b>
STREET ADDRESS	<b>RAFAEL REBOLLAR NO. 56, COLONIA SAN MIGUEL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>C.P. 11850, MEXICO DF MEXICO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLINA, ALEJANDRO G</b>	3.2 NAME	
STREET ADDRESS	<b>RAFAEL REBOLLAR NO. 56, COLONIA SAN MIGUEL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>C.P. 11850, MEXICO DF MEXICO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> <b>CORRECTION</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALTAMIRANO, G A</b>	4.2 NAME	<b>ALTAMIRANO, ARTURO</b>
STREET ADDRESS	<b>12951 S W 80 ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **ARTURO ALTAMIRANO** *[Signature]* **9/27/98 (305) 385-7510**

CR2E034 (10/97)