Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

SECOND NOTIZE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

21

22

23

24

Zip

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000087886 (2)

CONSTRUCTION EQUIPMENT SERVICES, INC.

Principal Place of Business Mailing Address 8270 NW 6 TH ST MIAMI FL 33166 8270 NW 66TH ST MIAMI FL 33166

Country

9. Name and Address of Current Registered Agent

25

11900 BISCAYNE BLVD, STE 720

OSTROFF, JANET J

FLFD

98 OCT 23 PH 3:47

SECHEDAM OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

3. Date Incorporated or Qualified

65-0786793

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

10/10/1997 4. FEI Number

MIAMI FL 33179]	, , , , , , , , , , , , , , , , , , , ,		
			83	3		
			-	07-	log 75 Ondo	
			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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				Agent signatu	re required when reinstaling) DATE	
12.	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2 5
TITLE	D CONTAINT MARKET	X DELETE	1.1 TOLE		President	ition
NAME	GONZALEZ, MARITZA		1,2 NAME		Maritza Gonzalez	5
STREET ADDRESS	8270 NW 66TH ST		1.3 STREE	TADDRESS	7260 S. Prestwick Pl.	[
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-S	T-ZIP	Miami Lakes, FL 3301/	§
TITLE	Treasurer	DELETE	2.1 TITLE		Change Addi	ition
NAME	Francisco C. Gonzalez		2,2 NAME		100002679601	п
STREET ADDRESS	3141 S.W. 173rd Terr.		2.3 STREE	TADDRESS	-11/03/9801098011	
CITY-ST-ZIP	Miramar, FL 33029		2.4 CITY-S	TZIP	****150.00 ****150.00]_ .
TITLE	TITTAMAL, FD 95029	DELETE	3.1 TITLE		Change Addi	ition
NAME	•		3.2 NAME			
STREET ADORESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3,4 CITY-S	T-ZIP		
TITLE	Manager	DELETE	4.1 TITLE		Change Addi	ition
NAME	Desiderio A. Rodriguez		4.2 NAME			
STREET ADORESS	4381 N.W. 201 Terr.		4.3 STREE	TADDRESS		
CTTY-ST-ZIP	Carol City FL 33055		4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE		Change ☐ Addi	tion
NAME			5.2 NAME		1 , 19	
STREET ADDRESS			5.3 STREE	FADDRESS	4 - 25 - 98 Change Addit	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addi:	tion
NAME .			6.2 NAME			
STREET ADORESS			6,3 STREET	TADORESS		
CITY-ST-ZIP			6,4 CITY-S	T-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 applied report or supplemental applied to the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied report or supplemental applied to the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information						

Country

81 Name

30

macrated on units 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:



Construction Equipment Services, Inc.

8270 N.W. 66 Street Miami, FL 33166 Tel: (305) 592-5600 Fax: (305) 592-9331

e-mail: parts@catsource.com

September 17, 1998.

STATE OF FLORIDA DIV. OF CORPORATIONS Ref: Annual Report Filings P.O. Box 6327 Tallahassee, FL 32314-6327

To whom it may concern;

As per our telephone conversation with someone from your department, this is to inform you that we never received the 1st. notice for the annual report from your office.

We have recently received your second notice, but actually this would be our first.

Please be so kind to wave the late fee, enclosed please find our check for the amount of \$150.00 as initially required.

Thank you very much for allowing us this courtesy.

Sincerely yours;

A. L. Gonzalez