

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **S36249** (8)

95 JAN 17 PM 1:29

1. Corporation Name  
**S & J RENTAL CORP.**

Principal Place of Business: **770 W 20TH ST HIALEAH FL 33010**  
Mailing Address: **770 W 20TH ST HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/26/1991**  
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **2a**  
21. State: Apr # etc: **21**  
2a. State: Apr # etc: **2a**  
22. City & State: **22**  
2a. City & State: **2a**  
23. Zip: **23**  
2a. Zip: **2a**  
24. Country: **24**  
2a. Country: **2a**

4. FEI Number: **65-0253400**  
Applied For:  Not Applicable  
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 has liability for intangible tax under S. 198.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BRAVO, SIMON  
770 W 20TH ST  
HIALEAH FL 33010**

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 607.0901 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 of Registered Agent)  
I, \_\_\_\_\_, Registered Agent, certify the above information is true.

12. OFFICERS AND DIRECTORS

VP	<b>BRAVO, SIMON</b>
NAME	<b>770 W 20TH ST</b>
STREET ADDRESS	<b>HIALEAH FL</b>
CITY, STATE, ZIP	
VP	<b>BRAVO, JORGE</b>
NAME	<b>770 W 20TH ST</b>
STREET ADDRESS	<b>HIALEAH FL</b>
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not pertain to the corporation stated in Section 198.032, Florida Statutes. I further certify that the information included 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 any amendments or changes to this report or the person or persons responsible for its filing, this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, of changed or officers after filing with an address.

SIGNATURE: *Simon S. Bravo* (Simon S. Bravo) 1-6-95 (307) 887-7225  
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR