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

PROFIT CORPORATION ANNUAL REPORT

1997

S & J RENTAL CORP.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$36249

(8)

FILED

Jan 14 1997 8:00am Secretary of State



Principal Pla 770 W 20TH HIALEAH FL	. • .	770 W 20TH S	Mailing Address 770 W 20TH ST HIALEAH FL 33010-2430						
						3. Date Incorporated or Qualified 02/26/1991	3a. Date o		eport
2. Principa	d Place of Business	2a. Mailing A	ddress			4. FEI Number		Ap	oplied For
21	pt. #. etc	26 Suite, Apt	H sto			65-0253400			ot Applicable
22 Suite, A)	рт. #. етс	27	#, etc.			5. Certificate of Status Desired			Additional aquired
City & Si	State	City & Sta	ite			6. Election Campaign Financing		\$5.00	Мау Ве
23		28				Trust Fund Contribution		Added t	
Z₁p	Country	Zip		Countr	У	8. This corporation has liability for			. 199.032,
24	25 29 29 9. Name and Address of Current Registered Agent			30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	RAVO, SIMON	rient Negistered Age	······································	8	Name	To. Name and Address of New N	edisieren wäe		
	70 W 20TH ST								
	IALEAH FL 33010			8:	Street Ac	ddress (P.O. Box Number is Not Accepta	ible)		
• •				B:	3				
•				84	City		To To	7.0	Code
				6	City		FL [°]	15 Zip (code
SIGNATUR	OFFICERS	AND DIRECTORS		F Registered A	jerr signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DI	RECTOF	RS IN 12
TITLE	VP		DELETE	1.1 THILE				Change	Addition
NAM:	BRAVO, SIMON		•	1.2 NAME					
STREET ADDRESS	HIALEAH FL			1	TADDRESS				
CITY-ST-ZIP TITLE			DELETE	2.1 TH. E	S1 - 7IP			Change	Addition
NAME	BRAVO, JORGE	L	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.2 NAME			٠	Onunge	
STREET ADDRES	ss 770 W 20TH ST			2.3 STREE	T ADDRESS				
CITY-SI-ZIP	HIALEAH FL			2.4 CITY	-ST-ZIP				
TITLE			DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME	}				
STREET ADDRES	55			1	F ADDRESS				
CITY-ST-7/P TITLE			DELETE	3.4 CHY 4.1 THE				Change	Addition
NAME		brea	-	4. 2 NAM				~	
STREET ADORES	ee la			4.3 STFE	T ADORESS				
CITY-ST 7IP				4.4 011 /					
TITLE] DELETE	5 1 TITLE	1			Change	Addition
NAMÉ				5.2 NAMI					
STREET ADDRES	\$5				T ADDRESS				
CITY - ST - ZiP TITLE		······································	DELETE	54 CHY-	21-ZIP			Change	Addit-on
NAM:		<u></u>		6.2 NAMI			•	A	
STREET ADDRES	58				T ADDRESS				
CITY O1 700	•			CACITY	CT 710				

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 of 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 perporation or the receipt or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block of chapter 607 or or an advictment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR