FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **244545** **(0)**

1. Corporation Name
INTER-AMERICAN TRANSPORT EQUIPMENT CO.

Principal Place of Business	Mailing Address
3750 N.W 49TH ST. MIAMI FL 33142	3750 N.W 49TH ST. MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/08/1961**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-0973923** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country — 24 / 25 / 29 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAUL,ROBERT
PENTHOUSE, 200 S.E. 1ST ST.
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	VINA, AMADO M	1.2 NAME	PEDRO R. SUAREZ	
STREET ADDRESS	1036 LUGO AVE	1.3 STREET ADDRESS	3690 N.W. 62th. St.	
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	MIAMI FL. 33147	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, DIEGO R	2.2 NAME		
STREET ADDRESS	3750 NW 49TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, RAMON F	3.2 NAME		
STREET ADDRESS	811 ALMERIA AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	DEJU, HECTOR	4.2 NAME		
STREET ADDRESS	3950 NW 2ND ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP		
TITLE	EVD	5.1 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, HECTOR J	5.2 NAME		
STREET ADDRESS	3401 SW 128TH AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, DULCE M	6.2 NAME		
STREET ADDRESS	1440 S BAY SHORE DR,#709	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 annexed sheet, with an address.

SIGNATURE: _____ JAN 17 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0151650 CP