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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Samuel E. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 350318 (2)

1. Corporation Name:

WAREHOUSE EQUIPMENT & SERVICE SPECIALISTS, INC

Principal Place of Business:

7320 SW 45 STREET
MIAMI FL 33155
US

Marketing Address:

7320 SW 45 STREET
MIAMI FL 33155
US

2. Principal Place of Business:

21 Suite, Apt. # etc:

22 City & State:

23 Zip: Country:

24

2a. Marketing Address:

26 Suite, Apt. # etc:

27 City & State:

28 Zip: Country:

29

9. Name and Address of Current Registered Agent

ADAN, MARTHA M
9211 SW 70 ST
MIAMI FL 33173

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 607.04 and 607.05, 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 made under the authority of the corporation's board of directors. The undersigned, the appointment as registered agent, I am familiar with and accept the duties of the registered agent, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS:

TITLE: STD
NAME: ADAN, JORGE M
STREET ADDRESS: 9211 SW 70 ST
CITY-STATE-ZIP: MIAMI, FL 00000

TITLE: PD
NAME: ADAN, MARTHA M
STREET ADDRESS: 9211 SW 70 ST
CITY-STATE-ZIP: MIAMI, FL 00000

TITLE: V
NAME: PEREZ, JORGE
STREET ADDRESS: 4220 SW 14 ST
CITY-STATE-ZIP: MIAMI FL

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
☐ Change ☐ Addition

1. TITLE: ☐ Change ☐ Addition

2. NAME: ☐ Change ☐ Addition

3. STREET ADDRESS: ☐ Change ☐ Addition

4. CITY-STATE-ZIP: ☐ Change ☐ Addition

5. NAME: ☐ Change ☐ Addition

6. STREET ADDRESS: ☐ Change ☐ Addition

7. CITY-STATE-ZIP: ☐ Change ☐ Addition

8. NAME: ☐ Change ☐ Addition

9. STREET ADDRESS: ☐ Change ☐ Addition

10. CITY-STATE-ZIP: ☐ Change ☐ Addition

11. NAME: ☐ Change ☐ Addition

12. STREET ADDRESS: ☐ Change ☐ Addition

13. CITY-STATE-ZIP: ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true and correct and does not contain any false or misleading information. I further certify that I am an officer or director of the corporation or the registered agent and that my signature shall have the same legal effect as if made under oath. If I am not an officer or director of the corporation or the registered agent, I hereby certify that I am not an officer or director of the corporation or the registered agent, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: Martha M. Adan / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (305) 264-8991

CR2E034 (12/95)