2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DOCUMENT # 442682 Feb 15, 2000 8:00 am Secretary of State EQUIPMENT EXPORT COMPANY, INC. 02-15-2000 90033 049 ***150.00 Mailing Address Principal Place of Business 5413 NW 72ND AVE. 5413 NW 72ND AVE P. O. BOX 523400 (ZIP 33152) P: O: BOX 529400 (ZIP-99152) MIAMI FL 33166-4223 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 5413 N.W.72nd Ave. P.O.Box 667627 Suite. Apt. #. etc. -Suite: Apt-#-etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1504006 FL. Miami, Miami, 33166 FL. 33166 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWISON, ROBET J. Street Address (P.O. Box Number is Not Acceptable) 660 N.W. 125TH ST. NORTH MIAM! FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE GONZALEZ, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS APARTADO 1264, MARACAIBO CITY-ST-ZIP CITY-ST-7IP **VENEZUELA** Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME LEGRA, ELIAS STREET ADDRESS STREET ADDRESS 525 E. 9TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change Addition ☐ Delete T!TI F NAME GONZALEZ, RALPH NAME STREET ADDRESS STREET ADDRESS APARTADO 1264, MARACAIBO CITY-ST-7IP CITY-ST-ZIP VENEZUELA ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZiP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attack then twith an address, with all other I (a graphowered.

Feb.10, 2000

Daytime Phone #