## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

JAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A96000000231

## INTER-AMERICAN TRANSPORT EQUIPMENT COMPANY, LTD.

FILED 4 1/13

98 NOV -9 PM 3: 12

SECRETARY OF STATE TALLAHASSEE FLORIDA



Mailing Address	ibutions as pord.
Contributions i	99.00
2. Mailing Address 2a. Principal Office Address	apital in FLORIDA
FL	
	oplied For ot Applicable
	.75 Additional ee Required
Zip Country Zip Country Fe  8. Make check payable to: Dept. of State (See reverse side to	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office	
CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable)	
1201 HAYS STREET	
TALLAHASSEE FL 32301 Suite, Apt. #, etc.	
	nits this statement
TALLAHASSEE FL 32301  Suite, Apt. #, etc.  City  FL  Zip Co  The pursuant to the provisions of sections 520.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submit for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS	nits this statement ent of registered
TALLAHASSEE FL 32301  Suite, Apt. #, etc.  City  FL  Zip Co  Total Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submit for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	nits this statement ent of registered  SENTITY  egistration/
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TALLAHASSEE FL 32301  Suite, Apt. #, etc.  City  FL  Zip Co  The purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  The City, State & Zip Code  11c. Repocure	S ENTITY egistration/ ment Number  00486
TALLAHASSEE FL 32301  Suite, Apt. #, etc.  City  FL  Zip Co  FL  Zip Co  FL  Zip Co  City  FL  Zip Co  FL  Zip Co  FL  Zip Co  City  FL  Zip Co  FL  Zip Co  FL  Zip Co  City  FL  Zip Co  FL  Zip Co  FL  Zip Co  City  FL  Zip Co  FL  Zip Co  City  FL  Zip Co  City  FL  Zip Co	SENTITY egistration/ ment Number  00486  0 3 003 ****8.75
TALLAHASSEE FL 32301  Suite, Apt. #, etc.  City  FL  Zip Co  FL  City  FL  Zip Co  FL  City  FL  Zip Co  City  FL  Zip Co  FL  City  FL  Zip Co  FL  City  FL  Zip Co  City  City  Florida Statutes  City  City  Florida Statutes  City  City  Florida Statutes  City  City  Florida Statutes  City  C	egistration/ sment Number  00486  0 S 009 ****8.75
Stitle, Apt. #, etc.  City  FL  Zip Co  To the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  11b. City, State & Zip Code  11c. Registered Agent Accepting Appointment and Country	egistration/ ment Number  00486  0 S009 ****8.75  0010 **526.25  al partner.
TALLAHASSEE FL 32301    Suite, Apt. #, etc.     City   FL   Zip Co     City   FL   Zip Co     To	egistration/ ment Number  00486  0 S009 ****8.75  05010 **526.25  al partner.