

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90004 014 \*\*\*150.00

**DOCUMENT # K18850**

1. Entity Name

EQUINVEST CORP.



Principal Place of Business

16241 NW 48 AVE  
MIAMI FL 33014  
US

Mailing Address

19355 NE 36 CT  
APT T5-CD  
AVENTURA FL 33180  
US

04024337



MOORE

CR2E034 (11/03)

2. Principal Place of Business

4770 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite 980

City & State

MIAMI, FLORIDA

City & State

Zip

Country

33137

USA

4. FEI Number

65-0048277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BESSO, MICHEL  
19355 NE 36 CT  
APT T5-CD  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agent.

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BESSO, MICHEL  
STREET ADDRESS 16241 NW 48 AVE  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME KAGANAS, JOSE  
STREET ADDRESS 16241 NW 48 AVE  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME KASSIN, SALOMON  
STREET ADDRESS 68N.W. 168ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME BESSO, MICHEL  
STREET ADDRESS P.O. Box 801601  
CITY-ST-ZIP AVENTURA, FLORIDA 33280

TITLE D ☒ Change ☐ Addition  
NAME KAGANAS, JOSE  
STREET ADDRESS P.O. Box 801601  
CITY-ST-ZIP AVENTURA, FLORIDA 33280

TITLE D ☐ Change ☐ Addition  
NAME KASSIN, SALOMON  
STREET ADDRESS 19355 NE 36 CT APT 11-B  
CITY-ST-ZIP AVENTURA, FLA 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/04

305-620-1851