FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 04 1996 8:00 am
Secretary of State

DOCUMENT # **K40047** **(8)**

1. Corporation Name

NEFF MACHINERY, INC.

Principal Place of Business

DORAL FINANCIAL PLAZA
8600 N.W. 36TH STREET
MIAMI FL 33166
US

Mailing Address

DORAL FINANCIAL PLAZA
8600 N.W. 36TH STREET. 87TH FLOOR
MIAMI FL 33166
US

2. Principal Place of Business

21 4343 N.W. 76 Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip 24 33166 Country 25 U.S.A.

2a. Mailing Address

26 4343 N.W. 76 Avenue
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip 29 33166 Country 30 U.S.A.

3. Date Incorporated or Qualified: **10/20/1988**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **65-0083839** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

ABBOTT, ELIOT C.
999 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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 _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	[ ] DELETE
NAME	MAS, JORGE	
STREET ADDRESS	DORAL FINANCIAL PLAZ, 8600 NW 36 ST 8TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	[X] DELETE
NAME	VALDES, CARLOS	
STREET ADDRESS	DORAL FIN. PLZ, 8600 NW 3655 8TH FL	
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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	C	[X] Change [ ] Addition
1 NAME	Mas, Jorge	
1 STREET ADDRESS	4343 N.W. 76 Avenue	
1 CITY-ST-ZIP	Miami, Florida 33166	
2 TITLE	D/P/S/T	[ ] Change [X] Addition
2 NAME	Fitzgerald, Kevin P	
2 STREET ADDRESS	4343 N.W. 76 Avenue	
2 CITY-ST-ZIP	Miami, Florida 33166	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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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 attachment with an address.

SIGNATURE: _____ Kevin P. Fitzgerald 3/29/96 305-599-9371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
President