FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K54671

1. Corporation Name

NEFF HENTAL, INC.								
Principal Place	e of Business	Mailing Address					IOIL BIOIL BIBIL OIL	Til Elfil (EB)
3750 NW 87TH AVE 3750 NW 87TH AVE								•
SUITE 400 SUITE 400								
MIAMI FL 33178 MIAMI FL 33178						RITE IN THIS	SPACE	 -
US US					3. Date Incorporated or Qualife	a		
Diritar Address					12/29/1988 4. FEI Number		Apr	lied For
2. Principal Place of Business 2a. Mailing Address			عبد جدد،		65-0160403	- Duffic - F		Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	
22 27					5. Certifcate of Status Desired	X	Fee Rec	I
City & State City & State					6. Election Campaign Financin	a	\$5.00 N	May Be
23 28					Trust Fund Contribution		Added to	,
	Zip Country Zip			Country 8. This corporation owes the current year Intangible				
24	25 29 30				Personal Property Tax.		☐ Yes 【	□No
_ · L	9. Name and Address of Current	Registered Agent		···	10. Name and Address of Nev	/ Registered	Agent	
		AVATEL INO	81	Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				Street Ad	dress (P.O. Box Number is Not Acce	ptable)		
1201 HAYS STREET								
SUITE 105			83					
TALLAHASSEE FL 32301			84	City			85 Zip C	ode
·				1		FL		
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 register 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.								istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTF: 1	Registered Ager	nt syanature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C	FFICERS AN	ID DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	Ţ.			Change	Addition
NAME	MAS, JORGE		1.2 NAME					}
STREET ADDRESS	3750 NW 87TH AVE., SUITE 400	ď	1.3 STREET	TADORESS			•	
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-S	T-ZIP				
TITLE	P	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	FITZGERALD, KEVIN P		2.2 NAME					
STREET ADDRESS	CAMPACA AND LANGE TO ALL METERS AND)	2.3 STREE	TADDRESS				-
CITY-ST-ZIP	MIAMI FL 33178		2. 4 CITY-S	ST-ZIP				
TITLE			3.1 TITLE				Change	Addition
NAME	GLADIS, PETE 32		3.2 NAME					}
STREET ADDRESS	3750 NW 87TH AVE., SUITE 40	ð	3.3 STREE	T ADDRESS				İ
CITY-ST-ZIP	MIAMI FL 33178		3.4. CITY-5	ST-ZIP				
TITLE	S	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	FITZGERALD, KEVIN P		4. 2 NAME					ļ
STREET ADDRESS	3750 NW 87TH AVE., SUITE 40	D	4.3 STREET	TADORESS				ļ
CITY-ST-ZIP	MIAMI FL 33178		4.4 CITY-S	T-ZIP				
TITLE	<u> </u>	☐ DELETE	5.1 TITLE	1			☐ Change	☐ Addition
NAME	FITZGERALD, KEVIN P		5.2 NAME					.
STREET ADDRESS	3750 NW 87TH AVE., SUITE 40	3		TADDRESS				
CITY-ST-ZIP	MIAMI FL 33178		5.4 CITY-S	T-ZIP				
TITLE	(4) (4) (4)	☐ DELETE	6.1 TITLE 6.2 NAME				Change	☐ Addition
NAME STATE OF THE								
CTOPET ADDDECC	i i i see e e e e e e e e e e e e e e e	• • •	■ 6.3 STREE	TADDRESS				

14. 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 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, with all other like empowered.

6.4 CTTY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90187 030 ***158.75