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

May 03, 1999 8:00 am Secretary of State

05-03-1999 90016 042 ***150.00

1. Corporation	MENT # L38921 ORIDA RENTALS, CORP.										
	;										
Principal Place		Mailing Address POST OFFICE BOX 6			<u> </u>					14 10 10 14 15 16 16 16 16 16 16 16	
12740 SW 38TH MIAMI FL 33175		MIAMI FL 33265	33137					٠.			
US		US							RITE IN THIS S	SPACE	
						3.	Date Incorporated o 12/28/1989	r Qualifed	i <u>-</u>		
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number		•	1	plied For
21		26				<u> </u>	<u>65-0173000</u>				t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	•			5.	Certificate of Status	Desired		\$8.75 A	
22		City & State									
City & State	9 .	⊢ ′				6.	Election Campaign I Trust Fund Contribu		' □	\$5.00 Added t	
Zip	· · Country		Cou	intry			This corporation own		rrent vear Inta		01003
24	25	29	30	,		\ 0 .	Personal Property T		nont year ma	Yes	□No
	9. Name and Address of Curren		1201	Т		10.	Name and Address		Registered A	gent	
				81	Name						
TAMAYO, ARGEO					Stropt	Address (P	P.O. Box Number is N	ot Accen	itable)	_	
12740 SW 38 TERR.					Sugeri	riodicas (r	.o. box rumber is n	01 70000		·	
MIAN	fl FL 33175			83							
	•			84	City					85 Zip C	Code
1]]	•				<u> </u>	1 _	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change v	vas authorized	d by t	-named the corpo	corporation oration's bo	n submits this statem pard of directors. I he	ent for the reby acco	e purpose of o ept the appoin	hanging its tment as re	registered gistered
SIGNATURE											
SIGNATORE	Signature, typed or printed name of registered ager	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(NOTE: Registered	i Agent	signature n				DATE		
12.		ID DIRECTORS	13.				ADDITIONS/CHANG	<u>ES TO O</u>	FFICERS AND	DIRECTO ☐ Change	RS IN 12 Addition
TITLE	PSD ABOSS	☐ DELE1					ZIP COI	E		_ •	[] Addition
NAME	TAMAYO, ARGEO		1.2 N				medin	^	1		}
STREET ADDRESS	12740 SW 38TH TERR. MIAMI FL 22175 33/	76 6			ADDRESS		media	<i></i>	enous	_	
CITY-ST-ZIP		DELET		ITY-ST	-ZIP			·····		Change	Addition
TITLE	VTD ENNA		2.111 2.2 N		[b		
NAME	TAMAYO, EMMA		I -		4000CCC		٩	Ì	٦,		
STREET ADDRESS	12740 SW 38TH TERR. MIAMI FL 2 2175 3.3/7	-			ADDRESS						1
CITY-ST-ZIP	MIAMI FL 22175 33/7	DELE1		ITY-ST	1-219					Change	Addition
NAME		_ 5000	3.7 N		. 1			•			
					ADDRESS						
STREET ADDRESS			•	XTY-ST							
CITY-ST-ZIP		☐ DELET			-21					Change	Addition
NAME		_ :==		IAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				ITY-ST							
TITLE		DELET							 -	Change	Addition
NAME			5.2 N	AME					•		
STREET ADDRESS			5.3 S	TREET	ADDRE\$\$					-	
CITY-ST-ZIP		•	5.4 C	ITY-ST	-ZIP						
TITLE		DELET	E 6.1 TI	ITLE						Change	Addition
NAME			6.2 N	AME					•		-
STREET ADDRESS			6.3 S	TREET	ADDRESS						ł

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 attactomental military address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: