

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L40470** (1)
1. Corporation Name
EQUIPMENT & PARTS INTERNATIONAL CORPORATION



Principal Place of Business C/O JUAN E. BOERI 4101 SW 47 AVE. #104E FT LAUDERDALE FL 33314	Mailing Address C/O JUAN E. BOERI 4101 SW 47 AVE. #104E FT LAUDERDALE FL 33314
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3931 S.W. 47A Avenue Suite, Apt. #, etc. 22 Suite 101 City & State 23 Fort Lauderdale, FL Zip 24 33314		2a. Mailing Address 26 3931 S.W. 47 Avenue Suite, Apt. #, etc. 27 Suite 101 City & State 28 Fort Lauderdale, FL Zip 29 33314		3. Date Incorporated or Qualified 01/02/1990	
25 U.S.A.		30 U.S.A.		4. FEI Number 65-0224780 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOERI, JUAN E. 4101 SW 47 AVE #104E FT LAUDERDALE FL 33314				10. Name and Address of New Registered Agent 81 Name Boeri, Juan E. 82 Street Address (P.O. Box Number is Not Acceptable) 3931 S.W. 47 Avenue 83 Suite 101 84 City Fort Lauderdale FL 85 Zip Code 33314			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOERI, JUAN E.			1.2 NAME	Boeri, Juan E.		
STREET ADDRESS	4101 SW 47 AVE. #104			1.3 STREET ADDRESS	3931 S.W. 47 Avenue, #101		
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP	Fort Lauderdale, FL		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOERI, MARIA			2.2 NAME	Boeri, Maria		
STREET ADDRESS	4101 SW 47 AVE #104			2.3 STREET ADDRESS	3931 S.W. 47 Avenue, #101		
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-ST-ZIP	Fort Lauderdale, FL		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE _____ **4/26/98** **954-791-1771**

CR2E034 (10/97)