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APPROVED
AND
FILED

99 OCT -1 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOUNT DUE ON OR BEFORE 06/15/00: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). *

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L54339

HARRIS EQUIPMENTS INC.

Principal Place of Business Mailing Address

10 N.W. 51 LANE 8051 N.W. 36TH ST
FL 33178 #800 C
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address

7210 Red Road 26 7210 Red Road

Suite, Apt., etc. Suite, Apt., etc.

Suite # 222. 27 Suite # 222.

City & State City & State

South Miami, FL. 28 South Miami, FL.

Zip 29 33143 30

3. Date Incorporated or Qualified 02/21/1990

4. FEI Number 65-0196031

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUAREZ, MARIANELA
10,000 NW 51 LANE
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name ISIDRO SUAREZ.

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

83 7210 Red Road, Suite # 222

84 City South Miami FL 85 Zip Code 33143

Pursuant to the provisions of sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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.

NATURE Signature of Registered Agent and Title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST-ADDRESS	ISIDRO, SUAREZ 10,000 NW 51 LANE MIAMI FL 33178	1.1 TITLE	ISIDRO SUAREZ.
ST-ZIP		1.2 NAME	
		1.3 STREET ADDRESS	6940 SW 69 AVE.
		1.4 CITY-ST-ZIP	MIAMI, FL. 33143
ST-ADDRESS	SUAREZ, MARIANELA 10,000 NW 51 LANE MIAMI FL 33178	2.1 TITLE	
ST-ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ST-ADDRESS		3.1 TITLE	
ST-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ST-ADDRESS		4.1 TITLE	
ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ST-ADDRESS		5.1 TITLE	
ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ST-ADDRESS		6.1 TITLE	
ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 in an attachment, an address.

SIGNATURE: ISIDRO SUAREZ 08/20/99 (305) 663-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

10/5/99