

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L58352 (0)

1. Corporation Name
TAMIAMI INTERNATIONAL EQUIPMENT, INC.

Principal Place of Business Mailing Address
11375 S.W. 40 ST. MIAMI FL 33165 **14091 S.W. 82 PLACE MIAMI FL 33158**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/12/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0181473	Approved For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has adopted the appropriate fee waiver - 100/112 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 14091 SW 82 PL	2a. Mailing Address 26
22. State Apt # etc 22	27. State Apt # etc 27
23. City Miami Fla	28. City & State 28
24. Zip 33158	25. Dade 25
29. 29	30. 30

9. Name and Address of Current Registered Agent

**KENNETH G. LANCASTER
5975 SUNSET DR
SUITE 301
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. FL
86. 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Name of Registered Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13.	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOLANDA KATON	12 NAME	
STREET ADDRESS	14091 SW 82 PL	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33158	14 CITY, ST, ZIP	
TITLE		15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY, ST, ZIP		18 CITY, ST, ZIP	
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY, ST, ZIP		22 CITY, ST, ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY, ST, ZIP		26 CITY, ST, ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(1)(a), 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 recipient of a report prepared by the corporation as required by Chapter 117, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment to this report.

SIGNATURE: *Yolanda Katon*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/28/95 235-8777

CR2E034 (3/95)