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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 30 1998 8:00am Secretary of State

	1998	2000	DIVISION OF	CORPOR	ATIC	ONS	Societary of State	
	MENT # n Name Y EQUIPMEN	M3150 t, inc.	5 (4)	-			I DEDICEDII IRA JULAN ANDRI ANGLI ARVOL ANGLI DEGLI	
Principal Place	e of Business		Mailing Address					
15600 SW 63 MIAMI FL 3311 US	TERRANCE	15600 SW 63 TERRANCE MIAMI FL 33193 US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
							05/05/1986	1
2. Principal P	lace of Business	2a. Maiting Address				4. FEI Number Applied For		
21	4	26				59-2669084 Not Applicat	ole	
Suite, Apt	#, eIC.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	\exists
23 Zip	TC	ountry	28 Zip	Co	untry		8. This corporation owes or has paid the current year Intangible	
24	25		29	30			Personal Property Tax due June 30. Yes No	
	9. Name and	Address of Curren	nt Registered Agent				10. Name and Address of New Registered Agent	
	nerrez, rober				81	Name		
	O SW 63RD TER	RACE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33193				83			\dashv
					84	City	FL 85 Zip Code	
	to the provisions o egistered agent, o m familiar with, an	Sections 607,050 r both, in the State d accept the obliga	2 and 607.1508, Florida Stati of Florida. Such change was ations of, Section 607.0505, F	ites, the a authorize lorida Sta	bove d by tutes	-named co the corpor	orporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered	∌d i
SIGNATURE	Signature, typed or print	ed name of registered agn	int and title if applicable (NC	TE Registere	d Age	nt signature rec	equired when reinstating) DATE	- ,
12.		OFFICERS ANI		13.	\equiv		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TATLE	DP		_		1.1 TITLE		Change Additi	ou [
NAME	GUTIERREZ, I			1.2 N				
STREET ADDRESS	15600 S.W. 6 MIAMI FL	3 IEHH.				ADDRESS		ļį
CITY-ST-ZIP TITLE	STD		DELETE	2.17	ITY-S	I-ZIP	Change Additi	ion (
NAME	GUTIERREZ, I	MARIBEL		2.2 N		}		
STREET ADDRESS	15600 S.W. 6			2.3 S	TREET	ADDRESS		-
CITY-ST-ZIP	MIAMI FL			2.40	HTY-S	T-ZIP		╝
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NAME				3.2 N				
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TITLE			☐ DELETE	6.1 T			☐ Change ☐ Additi	on
NAME STOREY ADDRESS				6.2 N		400prpp		
STREET ADDRESS				1		ADORESS		}
CITY-ST-ZIP	ertify that the infor	mation supplied w	ith this filing does not qualify		emoi		in Section 119.07(3)(i). Florida Statutes. I further certify that the information	<u></u>

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:

MARihel Gutierrez

3/25/98 305-385-9550