

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # **M38664** (2)

55 MAY - 1 JUN 1997

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SUPERIOR EQUIPMENT MAINTENANCE, CORP.

9151 N.W. 93RD STREET
MEDLEY FL 33178-1440

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DO NOT WRITE IN THIS SPACE

3. Date the corporation was Qualified 09/19/1986		3a. Date of Last Report 05/01/1994	
4. FIC Number 59-2724418		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. Does corporation have multiple ownership under the Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAYONA, ROBERTO, JR. 835 E. 23RD ST. HIALEAH FL 33013		81. Name 82. Street Address (P.O. Box Number is best Acceptable) 83. 84. City FL 85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the undersigned is a duly qualified and authorized agent of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that the undersigned is a duly qualified and authorized agent of the corporation to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS		13. AGENTS FOR SERVICE OF PROCESS	
NAME PD BAYONA, ROBERT, JR. 835 E. 23RD ST. HIALEAH FL		NAME [] Change [] Add New	
NAME V BAYONA, ROBERT, SR. 835 E. 23RD ST. HIALEAH FL		NAME [] Change [] Add New	
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		NAME [] Change [] Add New	

14. I, the undersigned, certify that the information required on this blue print is true and correct, and does not contain any false or misleading information, and that the undersigned is a duly qualified and authorized agent of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that the undersigned is a duly qualified and authorized agent of the corporation to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR