

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:25

DOCUMENT # **M52968** (8)

1. Corporation Name

METRO EQUIPMENT SERVICE, INC.

Principal Place of Business

Mailing Address

C/O JORGE LUIS GODOY
10411 S.W. 50 ST
MIAMI FL 33165

C/O JORGE LUIS GODOY
10411 S.W. 50 ST
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/28/1987

3a. Date of Last Report
04/26/1994

2. Principal Place of Business

2a. Mailing Address

21 **14941 S.W. 87 AVE**
Suite, Apt. #, etc.

26 **14941 S.W. 87 AVE**
Suite, Apt. #, etc.

4. FEI Number
65-0010248

Applied For
Not Applicable

22 City & State

27 City & State

23 **MIAMI FL**
Zip Country

28 **MIAMI FL**
Zip Country

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 **33176**

29 **33176**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODOY, JORGE LUIS
10411 S.W. 50 ST
MIAMI FL 33165

81 Name

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

83

84 City

14941 S.W. 87 AVE

MIAMI

FL

85 Zip Code
33176

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **GODOY, JORGE L**
STREET ADDRESS **10401 S.W. 35TH TERR.**
CITY-ST-ZIP **MIAMI-FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T/S** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **MIAMI FL 33176**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Jorge L. Godoy

JORGE L. Godoy

1/17/95

301-254-7366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER