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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

| DOCAN | JENT | # | M! | 529 | 9 68 |
|-------|-------------|---|----|-----|-----------------|
| | | | | | |

1. Corporation Name

METRO EQUIPMENT SERVICE, INC.

| Principal Place of Business | Mailing Address | |
|--|--|--|
| 14941 S.W. 87TH AVENUE MIAMI FL 33176 US | 14941 S.W. 87TH AVENUE MIAMI FL 33176 US | |

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90154 028 ***158.75



| US | US | | | | DO NOT WRITE IN THIS SPACE | | | | |
|-----------------|--|--|--------------|---|----------------------------|--|---------------------------|----------------------------|---------------------------|
| | | | | 3. Date Incorporated or Qualifed 05/28/1987 | | | | | |
| | | | | | | 4 FEI Number | | | pplied For |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 1 ** | / | - | |
| 21 | | 26 | | | | 65-0010248 | _/ | | ot Applicable |
| Suite, Apt | #, etc | Suite, Apt #, etc | | | | 5. Certificate of Status Desired | ¥ | | Additional |
| 22 | | 27 | | | | | | Fee H | Required |
| City & Stati | e | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | | | | | Trust Fund Contribution | · | Added | to Fees |
| Zip | Country | Zip | Countr | ry | | g. This corporation owes the curre | ent year Inti | angible | |
| 24 | 25 | 29 | 0 | | | Personal Property Tax. | | ☐ Yes | No |
| | 9. Name and Address of Curren | t Registered Agent | · | | | 10. Name and Address of New R | egistered | Agent | |
| | | | 8. | 1 | Name | | | | |
| GOD | oy, Jorge Luis | | | 4 | | (D.O. D.) | L)_\ | | |
| 1494 | 1 S.W. 87TH AVE | | 8: | 2 | Street Addre | ess (P.O. Box Number is Not Accepta | bie) | | |
| MIAN | /II FL 33176 | | 8: | 3 | | | | | |
| | | | • | - | | | | | |
| | | | 84 | 4 | City | | | 85 Zip | Code |
| | | | <u> </u> | 1 | | | FL | 4 | |
| 11. Pursuant | to the provisions of Sections 607 050 egistered agent, or both, in the State | 2 and 607.1508, Florida Statutes | , the abo | ve- | named corpo | pration submits this statement for the | purpose of tithe annou | cnanging ii niment as r | s registered egistered |
| office or r | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was autr tions of, Section 607 0505, Florid | la Statute | ıyır ≥S | ne corporatio | ins poard or directors. Thereby accep | t the appoi | illinein as i | cgisto: cc |
| | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | n and title if applicable (NOTE Re | egistered Ag | ent s | signature required | when reinstating) | DATE | | |
| 12. | | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AN | D DIRECT | ORS IN 12 |
| TITLE | PSTR | ☐ DELETE | 11 TITLE | | | | | Change | Addition |
| NAME | GODOY, JORGE L. | | 12 NAME | : | | | | | |
| - | 14941 S.W. 87TH AVENUE | | H | | ADDRESS | | | | |
| STREET ADDRESS | MIAMI FL | | 0 | | | | | | |
| CITY-ST-ZIP | MIAMI FL | □ DELETE | 14 CITY- | | ZIP | | | Change | Addition |
| TITLE | | □ per∈ie | 21 TITLE | | | | | C on any | |
| NAME | | | 2.2 NAME | | | | | | 1 |
| STREET ADDRESS | | | 23 STRE | E- 4 | ADDRESS | | | | 1 |
| CITY-ST-ZIP | | | 2.4 CITY | -ST | - ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | • | | | Change | Addition |
| NAME | | | 3.2 NAME | = | | | | | |
| STREET ADDRESS | | | 33 STRE | ET A | ADORESS | | | |] |
| CITY-ST-ZIP | | | 34 CITY | | Ì | | | |] |
| TITLE | | ☐ DELETE | 4 1 TITLE | | | | | ☐ Change | Addition |
| | | | 4 2 NAMI | | | | | · · | |
| NAME | | | 8 | | ********** | | | | |
| STREET ADDRESS | | | ħ . | | ADDRESS | | | | ľ |
| CITY-ST-ZIP | | | 4.4 CITY- | | ZIP | | | | A and the a |
| TITLE | | ☐ DELETE | 5 1 TITLE | | | | | Change | Acdition |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 53 STRE | ET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | 54 CITY- | -\$1- | ·ZIP | | | | |
| TITLE | | ☐ DÉLETE | 61 TITLE | = | | | | Change | Addition |
| NAME | | | 6.2 NAME | E | | | | | |
| | | | 63STRF | ET A | ADDRESS | | | | |
| STREET ADDRESS | | | 64 CITY | | | | | | ļ |
| CITY-ST-ZIP | <u> </u> | | D + CITY- | -51- | ZIP | | | * | information |

14. 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, with all other like empowered.

SIGNATURE

AT THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/15/99

(305) 231-9711