

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M59065 (6)
1. Corporation Name
AMERICAN INTERNATIONAL EQUIPMENT COMPANY, INC.

Principal Place of Business Mailing Address
11500 N.W. SOUTH RIVER DRIVE 11500 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33178 MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/15/1987 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0004620 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
8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City & State 25 City & State 29 City & State 30 City & State

9. Name and Address of Current Registered Agent

FERREIRA, EULALIA
11500 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33178

10. Name and Address of New Registered Agent

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

SIGNATURE

(Signature of the person named as registered agent in this report)

(Signature of the person named as registered agent in this report)

(Signature)

12. OFFICERS AND DIRECTORS

1. TITLE SD
NAME FERREIRA, EULALIA
STREET ADDRESS 11500 NW SOUTH RIVER DR
CITY, ST, ZIP MEDLEY FL
2. TITLE PD
NAME FERREIRA, GASTON
STREET ADDRESS 11500 NW SOUTH RIVER DR
CITY, ST, ZIP MEDLEY FL
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP
33. TITLE ☐ Change ☐ Addition
34. NAME
35. STREET ADDRESS
36. CITY, ST, ZIP
37. TITLE ☐ Change ☐ Addition
38. NAME
39. STREET ADDRESS
40. CITY, ST, ZIP
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
45. TITLE ☐ Change ☐ Addition
46. NAME
47. STREET ADDRESS
48. CITY, ST, ZIP
49. TITLE ☐ Change ☐ Addition
50. NAME
51. STREET ADDRESS
52. CITY, ST, ZIP
53. TITLE ☐ Change ☐ Addition
54. NAME
55. STREET ADDRESS
56. CITY, ST, ZIP
57. TITLE ☐ Change ☐ Addition
58. NAME
59. STREET ADDRESS
60. CITY, ST, ZIP
61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP
65. TITLE ☐ Change ☐ Addition
66. NAME
67. STREET ADDRESS
68. CITY, ST, ZIP
69. TITLE ☐ Change ☐ Addition
70. NAME
71. STREET ADDRESS
72. CITY, ST, ZIP
73. TITLE ☐ Change ☐ Addition
74. NAME
75. STREET ADDRESS
76. CITY, ST, ZIP
77. TITLE ☐ Change ☐ Addition
78. NAME
79. STREET ADDRESS
80. CITY, ST, ZIP
81. TITLE ☐ Change ☐ Addition
82. NAME
83. STREET ADDRESS
84. CITY, ST, ZIP
85. TITLE ☐ Change ☐ Addition
86. NAME
87. STREET ADDRESS
88. CITY, ST, ZIP
89. TITLE ☐ Change ☐ Addition
90. NAME
91. STREET ADDRESS
92. CITY, ST, ZIP
93. TITLE ☐ Change ☐ Addition
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in this 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 trustees empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as checked, or on an attachment with an address.

SIGNATURE:

(Signature of the person named as registered agent in this report)

GASTON FERREIRA
PRESIDENT

4-28-95

(Signature)