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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M59065

(6)

AMERICAN INTERNATIONAL EQUIPMENT COMPANY, INC.

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State



11500 N.W. S MEDLEY FL 3	OUTH RIVER DRIVE 13178	11500 N.W. SOUTH RIVE MEDLEY FL 33178-1144	r drive				
•					3. Date Incorporated or Qualified 09/15/1987	3a. Date of Last F 05/01/1996	Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Aı	pplied For
21		26			65-0004620	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta 23	ite	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9, Name and Address of Curre	nt Registered Agent		reserve en	10. Name and Address of New Reg	gistered Agent	
	RREIRA, EULALIA		81	Namo			
11500 N.W. SOUTH RIVER DRIVE MEDLEY FL 33178			82	Street Add	lress (P.O. Box Number is Not Acceptab	le)	
			83				
			84	City		FL 85 Zip	Code
office or	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Horida. Such change was	authorized to	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chariging i t the appointment as	ts registered registered
SIGNATURE					·		
	Signature, typed or printed name of registered ag			ert signature requ	ired when reinstating)	DATE	
12. TITLE	OFFICERS AP	ND DIRECTORS	13.	(F	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	FERREIRA, EULALIA		1.9 MAME	2	ULALIA FEAREI	17A 2 01011go	
STREET ADDRESS	AARAA KINI OOLITTI DIKITO DD		12 01013	T ATHREE C	SOONN SOUTH	BIVER	017
CITY-ST-ZIP	MEDLEY FL		14 CITY.	ST. 7IP	DENZIA FERREI USPONN SOUTH CROLAY FL 3	م و رجه	
TITLE	PD	DELETE	2 1 113 LE	5" - 1"		Change	Addition
NAME	FERREIRA, GASTON		22 NAME				·
STREET ADDRESS	11500 NW SOUTH RIVER DR		2.3 STREE	! ADDRESS			
CITY-ST-ZIP	MEDLEY FL		2.4 CHY-	ST-ZIP			
TITLE		☐ DELETE	3 1 1111.1			Change	Addition
NAME			32 NAME				
STREET ADDRESS			3 3 STREE	1 ADDRESS			
CITY-ST-ZIP			34. CITY	S1-7IP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM0				
STREET ADDRESS	: [4.3 STREE	T ADDRESS		Λ	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE			Typhange	Addition
NAME			5 2 NAME			1/1/2	1.1.
STREET ADDRESS	· [T ADDRESS		- 79 17	1144
CITY-\$T-ZIP		DECETE	5.4 CITY-	ST-ZIP		165	1 Addison
TITLE		DELETE	617171.F		40000218	54 1 4 1 1 1 1 1 1 1 1 1 1	/ LJ Addition
NAME			6.2 NAME	1.15.001.00	40000216 -05/05/970102	25036	
STREET ADDRESS	i -			1 ADDRESS	***165.00		
CITY-ST-ZIP	<u> </u>		6.4 CHY-	S1-ZIP			

14. I do 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.