

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M61937 (2)

1. Corporation Name

GENERAL BUSINESS EQUIPMENT CORP.

Principal Place of Business

Mailing Address

C/O RONALD G. KLEIN
901 N.E. 125TH STREET
N. MIAMI FL 33161

C/O RONALD G. KLEIN
901 N.E. 125TH STREET
N. MIAMI FL 33161



2. Principal Place of Business

2a. Mailing Address

21 696 N.E. 125th St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 North Miami, Fla.

27 City & State

24 Zip 33161 25 Country USA

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/04/1987

3a. Date of Last Report

04/06/1995

4. FEI Number

65-0020482

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. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, RONALD G.
901 N.E. 125TH STREET
N. MIAMI FL 33161

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

P
PALIUA, VICTOR
696 N.E. 125TH STREET
N. MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

SD
PALIUA, ROSEMARY A.
1995 N. HIBISCUS DR.
N. MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY - ST - ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 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)(k), 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:

Victor H. Paliua
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

305893-4200

Date

Daytime Phone #

CR2E034 (12/95)