3/25/02-90043-040-$150.00-$150.00

DOCUMENT # P01000021958 NC NOT FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

427728

1. Entity Name
RAPID-O FARMING & LAWN EQUIPMENT, INC.

2. Principal Place of Business
12301 SW 46 ST
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33175 Country: USA

3. Mailing Address
12301 SW 46 ST
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33175 Country: USA

4. FEI Number: 65-1083112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

RENE A. ESCOBAR

7. Name and Address of Current Registered Agent
Name: RENE A. ESCOBAR
Street Address (P.O. Box Number is Not Acceptable): 12301 SW 46 ST
City: MIAMI FL Zip Code: 33175

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] (Signature (typed or printed) of registered agent (if filing application)) (NOTE: Registered Agent signature required when reinstating) DATE: 3-5-02

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT - TREASURER NAME RENE A. ESCOBAR STREET ADDRESS 12301 SW 46 ST CITY-ST-ZIP MIAMI FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VICE-PRESIDENT & SECRETARY NAME RENE ESCOBAR STREET ADDRESS 15521 SW 141 TERR. CITY-ST-ZIP MIAMI FL 33196.	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS	TITLE NAME

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR) Date: 3-5-02 Daytime Phone: 934-8815

T. Lewis 4/11/02