NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED
[illegible]
95 MAY -1 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19131** **(2)**

1. Corporate Name

HESCORP - HEAVY EQUIPMENT SALES CORPORATION

Principal Place of Business	Mailing Address
9000 N.E. 25TH STREET - SUITE 202 MIAMI FL 33172	9000 N.E. 25TH STREET - SUITE 202 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **05/05/1988**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **13-2790322** — Applied For / Not Applicable
State Agent No. — 22
County Agent No. — 27
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
24 — 25 — 29 — 30
8. Does corporation have liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 Section 607.0501 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(S)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	MD	TITLE	P/C ☒ Change ☐ Addition
NAME	LUCANO, PINO	NAME	
STREET ADDRESS	9600 W. 47TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MCCOOK IL	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	FOX, CLIFFORD	NAME	
STREET ADDRESS	9600 W. 47TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MCCOOK IL	CITY-ST-ZIP	
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	MORETTI, GIANBATTISTA	NAME	Claudio Saibene
STREET ADDRESS	VIALE MARELLI, 367	STREET ADDRESS	Viale Marelli, 367
CITY-ST-ZIP	MILAN IT	CITY-ST-ZIP	Milan, Italy
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	FABRIZIO, MELANI	NAME	Lino Barbaglia
STREET ADDRESS	VIALE MARELLI, 367	STREET ADDRESS	Viale Marelli, 367
CITY-ST-ZIP	MILAN IT	CITY-ST-ZIP	Milan, Italy
TITLE		TITLE	T ☒ Change ☐ Addition
NAME		NAME	Silvio Oliva
STREET ADDRESS		STREET ADDRESS	9600 West 47th Street
CITY-ST-ZIP		CITY-ST-ZIP	McCook, IL 60525
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is validly authorized and 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 above, or on an attachment with an address.

SIGNATURE: [signature] 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

01B0415 CP