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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P19131

(2)

HESCORP - HEAVY EQUIPMENT SALES CORPORATION

Principal Place of Business Mailing Address						1 I I I I I I I I I I I I I I I I I I I	DEBUG WINST WINSTE W	BE BIRT	(DIEIL 198)
8300 N.W. 35TH \$T STE. 202 Miami Fl 33172		8900 N.W. 35TH ST STE. 202 Miami Fl. 33172			DO NOT WRITE IN THIS SPACE				
US		US	US			3. Date Incorporated or Qualified 05/05/1988			
9 Principal P	lace of Business	2a. Maiting Address				4. FEI Number		TAC	plied For
21	lade of business	— ·	26			1000000			t Applicable
Suite, Apt.	#. e1c.		Suite, Apt. #, etc.			CO 75 1 400			
22	.,	27	- 			5. Certificate of Status Desired			quired
City & State	•	City & State	City & State			6. Election Campaign Financing	\$	5.00	May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zιρ	Count	ry		8. This corporation owes or has paid	· · ·	_	
24	25	29	30			Personal Property Tax due June 3			No
	9. Name and Address of Cur	rent Registered Agent	8	4	N	10. Name and Address of New Regi	stered Agen		
	CORPORATION SYSTEM		l°	'	Name				
	0 \$. PINE ISLAND ROAD NTATION FL 33324		8:	2	Street Addre	dress (P.O. Box Number is Not Acceptable)			
יני	111K11011 FL 33324		8:	3					
			8-	4	City		FL 85	Zip (Code
dd Diggionid	to the provisions of Pastions CO7 (SEAO and CAT 1EAO Florida Clat.	too the abo	1	namad aaraa	viction authority this statement for the pure		gipo it	o registered
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		TE: Registered A	gent	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	CTOB	C IN 12
12.	PD			1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		hange	Addition
NAME	LUCANO, PINO								ا المالية
STREET ADDRESS	9600 W. 47TH ST.		1.3 STR		DOBESS	FSS			
CITY-ST-ZIP	MCCOOK IL			1.4 CITY-ST-ZIP					
TITLE	Š	DELETE						hange	Addition
NAME	FOX, CLIFFORD			2.2 NAME			•	•	·
STREET ADDRESS	9600 W. 47TH ST.			2.3 STREET ADDRESS					
CITY-ST-ZIP	MCCOOK IL		2. 4 CITY		1				}
TITLE	D	☐ DELETE	3.1 TITLE					nange	Addition
NAME	RAMAIOLI, ORESTE		3.2 NAM						
STREET ADDRESS	VIALE ITALIA, 1		3.3 STREE	ET AE	ODRESS				
CITY-ST-ZIP	MILAN IT		3.4. CITY	- 51-	-ZIP				
TITLE	Ť	DELETE	4.1 TITLE				C	nange	Addition
NAME	ZEIE R, DAVID		4. 2 NAM	E					
STREET ADDRESS	9600 WEST 47TH STREET		4.3 STREE	ET AC	DDRESS				
CITY-ST-ZIP	MCCOOK IL		4.4 C(TY-	ST-	ZIP				
TITLE		☐ DELET E	5.1 TITLE				□ c	hange	☐ Addition
NAME			5.2 NAME	Ε					
STREET ADDRESS			5.3 STREE	et ac	odress				
CITY-ST-ZIP			5.4 CITY	ST-	ZiP				
TITLE		☐ DELETE	6.1 TITLE				C	nange	Addition
NAME .			6.2 NAME	-					
STREET ADDRESS			6.3 STREE	et ad	odress				
CITY-ST-ZIP		····	6.4 CITY						
4.4 I haraby a	artifuthat the information cumpling	s with this filing does not available	tor the over	-ti-	an atatad in C	Continu 110 07/3\/i\ Florida Statutos I fu	impor cortifu th	of the	Intermetion

Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), 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 allochment with an address.