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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000010465 (1)

FILED May 01 1998 8:00am Secretary of State

	D EQUIPMENT AND PARTS							
Principal Plac	e of Business	Mailing Address					atai (1201) 2001) 61516) aug (au (ag)
8001 N.W. 64 ST. 8001 N.W. 64 ST. MIAMI FL 33166 MIAMI FL 33166						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualified	THIS SPACE	
						02/10/1993		
2. Principal P	lace of Business	2s. Mailing Addre	ess			4. FEI Number	11	Applied For
21 26						65-0392171	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, et 27			etc.			5. Certificate of Status Desired		5 Additional Required
City & State City & State						6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Ziρ		Country	•	8. This corporation owes or has paid to		
24	25	29	30			Personal Property Tax due June 30.	¥ Yes	□ No
	9. Name and Address of Curre	nt Hegistered Agent		81	Nome	10. Name and Address of New Regist	ered Agent	
	EIT zm an, Jack L			01	Name			
11420 S.W. 109 RD.				82	Street Add	lress (P.O. Box Number is Not Acceptable)		
MI/	AMI FL 33176			83			·	
				183				
				84	City		FL 85 Z	ip Code
11 Durewant	to the provisions of Captions 607 050	22 and 607 1608 Florid	a Statutor t	ho abou	named cor	poration submits this statement for the num		n its registered
office or r agent. I a	egi ster ed agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such chang pations of, Section 607.0	ge was autho 505, Florida	orized by Statutes	the corpora	poration submits this statement for the purp tion's board of directors. I hereby accept th	e appointment	as registered
SIGNATURE								
12.	Signature, typed or printed name of registered ag	eni and tille if applicable	(NOTE FIRE	jislered Age	nt signature requ	rired when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIDECT	OBS IN 12
TITLE	DP OFFICENS AN	DEI DEI	FTE	1.1 TITLE	·	ADDITIONS/CHANGES TO OFFICER	Chang	
NAME	GARCIA-ALLEN, EDUARDO			1.2 NAME				
STREET ADDRESS	8001 N.W. 64 ST.			1.3 STREET	ADDRESS			
City-St-ZiP	MIAMI FL 33166			1.4 CITY - S	1			
TITLE	DST	DEL	ETE	2.1 TITLE	1 20		Chang	e Addition
NAME	GARCIA-ALLEN, KARIN			2.2 NAME	}		-	
STREET ADDRESS	8001 N.W. 64 ST.			2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		i	2 4 QITY - S	ST-ZIP	•		
TITLE		☐ DE		31 TELE			Chang	e Addition
NAME			1	3.2 N ME				
STREET ADDRESS				3.3 S REET	ADDRESS			
CITY-ST-ZIP	·			3.4.0 TY-S	T-ZIP			
TITLE		☐ DEI	.ΕΥ E	4.1 TALE			Chang	e Addition
NAME			Į	4. 2 NAME	i			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP		···	
TITLE		☐ DEI	ETE	5.1 TITLE			☐ Chang	e Addition
NAME				5.2 NAME				
STREET ADDRESS			1	5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S	1- ZIP			
TITLE		☐ DEL	ETE	6.1 TITLE			Chang	e 🔲 Addition
NAME)	6.2 NAME)			
STREET ADDRESS				63 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	T-ZIP			

Thereby 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 supplierrental 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 order attainment with an address.