

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 5:54

DOCUMENT # P93000015100 (9)

1. Corporation Name

INTERNATIONAL MACHINERY SALES, INC.

Principal Place of Business

8375 NW 56 STREET
SUITE 2150
MIAMI FL 33168
US

Mailing Address

8375 NW 56 STREET
SUITE 2150
MIAMI FL 33168
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/22/1993

3a. Date of Last Report
06/24/1994

4. FEI Number
NOT APPLICABLE

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

JACOBS, KAI
1 BISCAYNE TOWER
2 S. BISCAYNE BLVD., SUITE 3250
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JACOBS, PETER
STREET ADDRESS 8375 NW 56 STREET
CITY-ST-ZIP MIAMI FL

TITLE STD
NAME LEON, EMILIO P.
STREET ADDRESS 8375 NW 56 STREET
CITY-ST-ZIP MIAMI FL

TITLE DV
NAME WELCH, RICHARD P.
STREET ADDRESS 8375 NW 56 STREET
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 registered agent; that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an appointment with an individual.

SIGNATURE:

Emilio P. Leon
Emilio P. LEON

Sec.

02/28/95 305/592-7860

Date

Telephone #