

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

PROFIT-  
CORPORATION  
ANNUAL REPORT  
1999 AMENDMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000015100  
1. Corporation Name

AMENDMENT

INTERNATIONAL MACHINERY SALES, INC.

Principal Place of Business

Mailing Address

8375 NW 56 STREET  
SUITE 2150  
MIAMI, FL 33166

SAME

FILED

99 DEC -9 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/22/93

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		<input checked="" type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAI JACOBS  
2601 S. BAYSHORE DR., 19th FL  
MIAMI, FL 33133

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	PETER JACOBS	1.2 NAME	FRANZ KRAUTKREMER
STREET ADDRESS	8375 NW 56 STREET	1.3 STREET ADDRESS	8375 NW 56 STREET, SUITE 2150
CITY-ST-ZIP	MIAMI, FL	1.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	STD	2.1 TITLE	VSD
NAME	EMILIO P. LEON	2.2 NAME	MICHAEL KRAUTKREMER
STREET ADDRESS	8375 NW 56 STREET	2.3 STREET ADDRESS	8375 NW 56 STREET, SUITE 2150
CITY-ST-ZIP	MIAMI, FL	2.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	DV	3.1 TITLE	
NAME	RICHARD P. WELCH	3.2 NAME	
STREET ADDRESS	8375 NW 56 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. KRAUTKREMER

Date

11/30/99

Daytime Phone #

305-592-7350