

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90031 034 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000015100

1. Entity Name

INTERNATIONAL MACHINERY SALES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8375 NW 56 Street

3. Mailing Address

8375 NW 56 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number

65-0496057

Applied For

Not Applicable

Zip
 33166

Country
 USA

Zip
 33166

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 Jacobs, Kai

Street Address (P.O. Box Number is Not Acceptable)
 201 S. Biscayne Blvd.

Suite 1500

City
 Miami

FL

Zip Code
 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/02

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Krautkremer, Franz 8375 NW 56 Street Miami, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Krautkremer, Michael 8375 NW 56 Street Miami, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

DATE

(305)

592-7350

DAYTIME PHONE #

CR2E034B (12/01)