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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000081794

1. Corporation Name

G.A. EQUIPMENT, INC.

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## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90199 029 \*\*\*150.00



Principal Place of Busines	is N	lailing Address		<u>'</u>		( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	18181 11811	10010 12111 0101 1001
3781 SW 74TH ST Mami Fl 33183		781 SW 74TH ST Ami Fl 33183			3.	DO NOT WRITE IN THIS  Date Incorporated or Qualified  11/30/1993	SPACE	<u> </u>
2. Principal Place of Busi	ness 22 26	. Mailing Address			1	FEI Number 65-0463496		Applied For Not Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc		₽.		Certificate of Status Desired		75 Additional se Required
City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip	Country 29	Zip Cou	ntry		8.	This corporation owes the current year In Personal Property Tax.	tangible Yes	
g Name	and Address of Current Regi				10.	Name and Address of New Registered	Agent	
DEL BUSTO, G		· · · · · · · · · · · · · · · · · · ·	81 82	Name Street Addre	ss (P	P.O. Box Number is Not Acceptable)	- <del></del>	
13781 SW 74TH ST MIAMI FL 33183		,	83	<u> </u>				
			84			FL	-	Zip Code
office or registered as	gent, or both, in the State of Flor	607.1508, Florida Statutes, the a ida. Such change was authorized f, Section 607.0505, Florida Stat	i by	the corporation	ratior 1's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appo	i changir intment	ng its registered as registered
SIGNATURE								

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ri	gistered Agent signature re	equired when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELETE	1.1 TITLE	☐ Change	☐ Addition			
NAME	DEL BUSTO, GENARO	1.2 NAME	•	 			
STREET ADDRESS	13781 SW 74TH ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP					
TITLE	D DELETE	2.1 TITLE	☐ Change	☐ Addition			
NAME	DEL BUSTO, ARMANDO	2.2 NAME		J			
STREET ADDRESS	13781 SW 74TH ST	2.3 STREET ADDRESS		-			
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP					
TITLE	D DELETE	3.1 TITLE	☐ Change	☐ Addition			
NAME	DEL BUSTO, SUSANA	3.2 NAME		i			
STREET ADDRESS	13781 S.W. 74TH ST.	3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33183	3.4. CITY-ST-ZIP					
TITLE	□ DELETE	4.1 TITLE	☐ Change	☐ Addition			
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP		= . To::			
TITLE	☐ OELETÉ	5.1 TITLE	☐ Change	☐ Addition			
NAME		5.2 NAME	•				
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	☐ Change	☐ Addition			
NAME		6.2 NAME		ļ			
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

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: