## FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

Mailing Address

**APT. 310** 

1035 WEST 77TH STREET

HIALEAH FL 33014-3976

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

1035 WEST 77TH STREET

HIALEAH FL 33014

APT. 310



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000086206 (8)

GILBERTO PEREZ & SON EQUIPMENTS, INC.

65-0455803 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Cerificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Źφ This corporation has liability for intangible tax under s. 199.032,  $Z\Phi$ Country Yes No Florida Statutes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PEREZ. GILBERTO 1035 WEST 77TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **APT. 310** 83 HIALEAH FL 33014 84 City 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. Lem familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typied or printed name of registered agent and tide if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition **PSTD** 1.1 TITLE \_\_\_ Change DELETE TITLE PEREZ, GILBERTO SR. 1.2 NAME NAME 1035 WEST 77TH STREET APT. 310 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 1.4 CITY - ST - ZIP CHY-SI-76 Change Addition DELETE 21 TITLE THILE 22 NAME NORTH 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition 31 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIF Change Addition DELETE 4.1 TITLE TIFLE 4 2 NAME NW: 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-ZIP Change Addition DELETÉ 5.1 TIŤLE THE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHTY - ST - 7(P Change Addition DELETE 6.1 TITLE THE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP Official 70 14. I do 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 a finual report of shaplemental 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 opporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

attachment with an address

Apr 30 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

04/26/1996

4/97 (30r) 822-286d



3. Date Incorporated or Qualified

12/16/1993

4. FEI Number