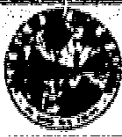


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED AND FILED

95 MAY -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000072738 (5)**
1. Corporation Name
L & E EQUIPMENT & SERVICES, INC.

Principal Place of Business Mailing Address
5201 N.W. 7TH ST. #516 MIAMI FL 33126 **5201 N.W. 7TH ST. #516 MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **6595 nw 36 st.** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **suite 311** 27
City & State City & State
23 **Miami, FL, 33166** 28
Zip Country Zip Country
24 **33166** 25 **U.S.A.** 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/04/1984
4. FEI Number Applied For
65-0524755 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GARCIA, LEONARDO C
5201 N.W. 7TH ST.
#516
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name **LEONARDO C. GARCIA**
82 Street Address (P.O. Box Number is Not Acceptable)
6595 nw 36st suite 311
83
84 City **Miami** FL 85 Zip Code **33166**

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 **LEONARDO C. GARCIA - PD.** DATE **04/25/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, LEONARDO C
STREET ADDRESS	5201 N.W. 7TH ST. #516
CITY - ST - ZIP	MIAMI FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARCIA, LEONARDO C
1.3 STREET ADDRESS	6595 nw 36 st #311
1.4 CITY - ST - ZIP	Miami, FL, 33166.
2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ERNESTO GARCIA
2.3 STREET ADDRESS	6595 nw 36st. suite 311
2.4 CITY - ST - ZIP	Miami, FL, 33166
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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. 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.

SIGNATURE: **LEONARDO C. GARCIA - PD** DATE: **04/25/95** TELEPHONE: **(305)871-2484**