

Jun 10 1998 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SABA EQUIPARTS INCORPORATED

Mailing Address

275 FOUNTAIN BL. BLVD.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

04/10/1995

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **HOVYINK, ROBERT, R**
82 Street Address (P.O. Box Number is Not Acceptable)
9177 FOUNTAINB/BLVD #1
MIDH, FLA 33172
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: _____ Type in printed name of the person responsible for sample collection

(NOTE: Regulated Agent signature required when re-instaling)

(M)

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DEPT
NAME	HOYTINK, ROBERT T	
STREET ADDRESS	3710 S.W. 87TH COURT	
CITY - ST - ZIP	MIAMI FL 33185	

TITLE	DVS	<input type="checkbox"/> BUREAU
NAME	HOYTINK, RENE A	
STREET ADDRESS	9177 FOUNTAINEBLEAU BLVD. #1	
CITY - ST - ZIP	MIAMI FL 33172	

TITLE	<input type="checkbox"/> OFFICE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	DATE	TIME	BY	FILE
NAME				
STREET ADDRESS				
CITY - ST - ZIP				

TITLE	<input type="checkbox"/> DIRECT
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	977 FOUNDATION BLVD #1
1.3 STREET ADDRESS	MIAMI, FL 33172
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE ☐ Change ☐ Addition


3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE		
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	200002555082	
6.3 STREET ADDRESS	-06/10/98--01069--043	
6.4 CITY- ST- ZIP	***150.00	

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, 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, given as a shareholder with an address.

SIGNATURE  3/3 65 605 514206

CR2E034 (10/97)