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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - \$1 - 7IP

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000038948 (2)

SOUTHWEST EQUIPMENT, INC.

3001111	ALOT EGOII MEIAT; IIAO:								
Principal Place	e of Business	Mailing Address	Mailing Address			I FORMARI IIR HAADI AMII ORIM EDIRI ORI			A NA IN
12410 S.W. 185TH STREET MIAMI FL 33177		12410 S.W. 185TH STRE Miami FL 33177-3186	12410 S.W. 185TH STREET MIAMI FL 33177-3186						
						3. Date Incorporated or Qualified 05/16/1995	I I	Date of Last R 9/30/1996	eport
······	lace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21	M	26				65-0581324		<del></del>	ot Applicable
Suite. Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired	X		equired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Ζιρ	Country	Zip	Cour	htry		8. This corporation has liability for			. 199.032,
24	25 9. Name and Address of Curr	29 rent Registered Agent	30			Florida Statutes  10. Name and Address of New Re	Yes		
SMI	TH, DANIEL M			81	Name				<del></del>
12410 S.W. 185TH STREET				82	Street Addre	ss (P.O. Box Number is Not Acceptate	اماد	<del></del> -	
MIA	MI FL 33177				on out / idaio	oo (i .o. box ramber to rect recoopial	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				83					
			İ	84	City		FI	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607 0	502 and 607.1508, Florida Statu	ites, the ab	ove	-named corpo	ration submits this statement for the purish board of directors. I hereby acce	urpose	of changing it	is registered
agent. La	n ismiliarw th, and accept the ob	ligations of frection 607.0505. F	lorida Statu	ites	the corporatio	in s board of directors. I hereby acce	or the ap	pointment as	registered
SIGNATURE		<del>SV</del>	Da		el Swi	th_	1-8	<i>?-9</i> 7	****
12.	5 g and light triprin drug entropsteint OFFICERS 2	agent and the Capp scable (NC AND DIRECTORS	Tt. Registered	Ager	rt signature required	t when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	UD DIRECTOR	RS IN 12
TITLE	P	DELETE	11 TuT	LE.	······································	ADDITIONS/CHANGES TO OFFIC	JENO AI	Change	Addition
NAMÉ	SMITH, DANIEL M		1 2 NA	ME				•	_
STREET ADDRESS	12410 SW 185TH STREET		1 3 ST	REET	address				
CITY - ST - ZIP	MIAMI FL 33177		1401	Y - ST	r-ziP				
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NAME			2 2 NA	ME					
STREET ADDRESS			23 51	REET :	ADDRESS				
CITY - ST - ZIP			2 4 CI	IY-S	IT-ZIP		:	!	
TITLE		☐ DELETE	3 1 TIT	LE				☐ Change	Addition
NAME			3 2 <b>N</b> A	ME					
STREET ADDRESS			3 3 ST	IEET .	ADDRESS				
CITY - ST - ZIP			3.4. C0	Y - S	T-ZIP				
TITLE		DELETE	4 1 TIT	LE				Change	Addition
NAME			4 2 NA	ME					
STREET ADDRESS			4 3 STI	REET.	ADDRESS				
CITY-S1-ZeP			4.4 CH		T-ZIP		····		
TITLE		☐ DELETE	5 1 TH	L.E				Change	Addition
NAME			52 NA	ME					
STREET ADDRESS			53 \$11	REET.	ADDRESS				
CITY - S1 - ZIF			54 Cit	Y - S1	T - ZIP				
TILLE		☐ DELETE	6 1 TIT	E				☐ Change	Addition
KAM <sub>t</sub>			6.2 <b>N</b> A						
CIDSEL ADDRESS			6.2 011	DEET	*DDDEEC				,

6.4 CITY - ST - ZIP

Agniel Smith

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or infector of this corporation or fine receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block. Year Block 1) if changed, of on an attachment in an address.