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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000038948 (2) DOCUMENT #

SOUTHWEST EQUIPMENT, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 12410 S.W. 185TH STREET 12410 S.W. 185TH STREET MIAMI FL 33177 MIAMI FL 33177 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0581324 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SMITH, DANIEL M 12410 S.W. 185TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33177 83 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title # applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change \_\_\_ Addition TITLE 1.1 TITLE SMITH, DANIEL M NAME 1.2 NAME R2E034 12410 SW 185TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33177 1.4 CITY - ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 7171 F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 

6,4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 exercise 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 12 o

SIGNATURE:

:: IIREN

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