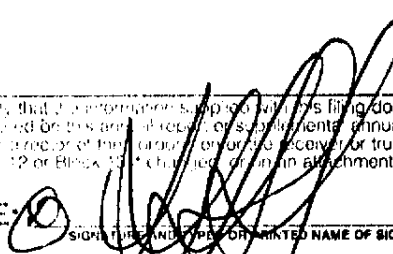


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000043747 Corporation Name FIRST QUALITY EQUIPMENT Rentals, INC.			
Principal Place of Business 410 W 29 ST. Hialeah, FL 33012		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0586474	Applied For Not Applicable
21. State and County	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24. Country	25. Country	29. Country	30. Country
3. Name and Address of Current Registered Agent Luis LOPEZ 3027 N.W. 17th. ST. MIAMI, FL 33125		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. FL		86. 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, principal place of business, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PRESIDENT-TREAS. Luis LOPEZ 3027 N.W. 17th. ST. MIAMI, FL 33125		1.1 TITLE ☐ Change ☐ Addition	
SECRETARY DORA MORLAUS 1305 W. 18th. Avenue. Hialeah, FL 33014		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE ☐ Change ☐ 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	
		4.1 TITLE ☐ Change ☐ Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE ☐ Change ☐ Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE ☐ Change ☐ Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

SIGNATURE: 

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Lopez

800002169948
-05/07/97--01093--035
***165.00

(305) 8143838

Daytime Phone #