

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1996****FLORIDA DEPARTMENT OF STATE**
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # P95000052799**

1. Corporation Name

M/C EQUIPMENT SUPPLY CO INC

Principal Place of Business

Mailing Address

**15901 SW 139 AVENUE
MIAMI FLORIDA 33177****SAME**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JULY 3, 1995

3a. Date of Last Report

4. FEI Number

65-0593585

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **15901 SW 139 AVENUE**26 **SAME**

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 **MIAMI FLORIDA**

28

Zip

Country

Zip

Country

24 **33177**

25

DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIGUEL A. NIETO
15901 SW 139 AVENUE
MIAMI FLORIDA 33177**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT
NAME	MIGUEL A. NIETO
STREET ADDRESS	15901 SW 139 AVENUE
CITY, ST, ZIP	MIAMI FLORIDA 33177

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	

TITLE	V/P SEC/TREASURER
NAME	CIRO ALDAMA
STREET ADDRESS	15901 SW 139 AVENUE
CITY, ST, ZIP	MIAMI FLORIDA 33177

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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-06/21/96--01022--024
*****225.00****6/20/96**

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 119.07(3)(k), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL A. NIETO**5-30-96 (305) 252-4153**

Date

Daytime Phone #