FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS P95000059198 (8) DOCUMENT # A.E.C. EQUIPMENT COMPANY OF MIAMI, INC. Principal Place of Business Mailing Address 9090 NW SOUTH RIVER DRIVE BAY 24 9090 NW SOUTH RIVER DRIVE BAY 24 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 2a. Mailing Address 21 26

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Suite, Aprt. #, etc.

City & State

3. Date Incorporated or Qualified 08/01/1995	1 3a . Da	ite of Last Report
4. FEI Number (05 0604 5	00	Applied f or 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 has liability for	or intang ble	tax under s. 199.032.

25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALFREDO CRUZ, ALFREDO E JR 9090 NW SOUTH RIVER DRIVE BAY 24 **MIAMI FL 33166** 83

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature: typed or printed mails, of respectives against the transpir and (NOT: Resistence Agest sociative reci 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1. 1 TITLE CRUZ, ALFREDO E JR NAME 1.2 NAME 9090 NW SOUTH RIVER DRIVE BAY 24 STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33166 CITY-S1-ZIP 1.4 CHY - \$1 - ZIP DELETE ☐ Change TILE 2 1 TITLE Addition NAMÉ 2.2 NAME + STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3 1 THEF Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City | \$1-2# TOLE DELETE 4.1.1111.6 Addit on NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP THLE DELETE ☐ Change 5 1 TITLE Addit on NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE Addition 6 1 TITLE -**70000188482**デッ -07/05/96--01032--017 NAME 6.2 NAME STREET ADDRESS ***225.00

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14. I do hereby certify that the information supplied with this fling is voluntarily furrished and does not qualify for the exemption stated in Section 119.07(3)tk). Florida Statutes IVI) are 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 any oath; that I am an officer or director of the corporation or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my native are supplemental annual report in Eleck 12 or Block 13 if changed, or on an attachment with an address.

O E CRU 2 TR SIGNATURE: ALFREDO

PRESIDENT

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(12/95)

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