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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073921 (5)

ESCOBAR EQUIPMENT CORP.

Principal Place of Business Mailing Address

8600 NW 70 ST. 13109 S.W. 4TH ST.
MIAMI FL 33168 MIAMI FL 33184-1213

2. Principal Place of Business 2a. Mailing Address

FILED Mar 19 1997 8:00am Secretary of State



					3. Date incorporated or Qualified 09/25/1995	3a. Date 08/23	of Last R 3/1996	eport
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For		
Suite, Apt.	#, etc.	26		***************************************	65-0608963			of Applicable
22	· 	27			5. Certificate of Status Desired	. Certificate of Status Desired		
City & Stat	e	City & State	<del></del>		6. Election Campaign Financing		\$5.00	May Be
23		28	<del></del>		Trust Fund Contribution		Added t	
Zip			Country		8. This corporation has liability for			. 199.032,
24	9. Name and Address of Curren	29   nt Registered Agent	<u> 30 </u>		Florida Statutes  10. Name and Address of New Re	Yes		
FSC	COBAR, EDGARDO A		8.	Name	TO, THAT WAS AND TO THE THE	glatered Ag	0111	
13109 S.W. 4TH ST.				92 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33184			64	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			83					
			84	City		r	<b>85</b> Zip (	Code
			1	1 - ",				
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the Stato m familiar with, and accept the oblig	nz and 607.1508, Florida Statu of Florida: Such change was alions of, Section 607.0505, F	ites, the above authorized b Torida Statute	re-riamed corp by the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of ch at the appoin	anging its ilment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ag-	ant and title it applicable (NC	D1) Bogistered A;	jent signature raqui	ired when reinstating)	DATE		
12,	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12
TITLE	D	DELETE	1.1 TIFEE	Ī			Change	Addition
NAME	ESCOBAR, EDGARDO A		1.2 NAME					
STREET ADDRESS	13109 S.W. 4TH ST.		1.3 STREE	LADDRESS				
CITY-ST-ZIP	MIAMI FL 33184	T no say	1.4 CITY-	ST-ZIP		<del>-</del>		
TITLE NAME	ESCOBAR, BALBINO	☐ DELETE	2 1 117.1			L_	_ Change	Addition
STREET ADDRESS	13109 S.W. 4TH ST.		2.2 NAME					
CITY-ST-ZIP	MIAMI FL 33184			T ADDRESS				
TITLE	W W W V L 00 10 V	DECETE	2. 4 CITY- 3.1 TITLE	S1 - ZIF			Change	Addition
NAME			3.2 NAME			L	, onunge	F-1 AOURION
STREET ADDRESS				1 ADORESS				
CITY-ST-ZIP			3.4 CITY-					
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME	1				
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			44 CHY-	ST-ZIP				
TITLE		☐ DELETE	5.1001.0				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				LADDRESS				
CITY-ST-ZIP		DELET!	5 4 CITY-	ST - 70P			Lou	TT : 1333
TITLE		☐ DELET€	6 1 11TLF			L	J Change	☐ Addition
NAME CIRCET ADDRESS			6.2 NAME					
STREET ADDRESS	•			LADDRESS				
CITY-ST-ZIP			6.4 CHY-	S1 - ZIP				

14. I do hereby 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 eath; 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.

VOLUME TO THE PARTY OF THE PART