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

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000074926 (3)

## **FILED** Mar 06 1998 8:00am Secretary of State

A & R MACHINERY, INC.							
Principal Place of Business		Mailing Address			T SABINDON DIO POTOT OTAL OBINI ODINI O	ini 1846 <b>isan sisis</b>	illia eili 1001
3570 NW 50TH ST.		3570 NW 50TH ST.					
MIAMI FL 33142		MIAMI FL 33142			!		
		······································		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 09/28/1995		
2. Principal Place of Business		2a, Mailing Address		4. FEI Number		Applied For	
21		26		65-0625017		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22		27				Fee	Required
City & State		City & State		6. Election Campaign Financing		May Be	
Zip Country		28	Zip Country		Trust Fund Contribution Added to Fees		
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
[49]	9, Name and Address of Curre		1901		10. Name and Address of New Re		1110
OCA, RAFAEL M				Name			
3570 NW 50TH ST.			82	Ctroot Addro	on (B.O. Boy Number is Not Assente	blo	
1	AMI FL 33142		[82]	Street Addres	ss (P.O. Box Number is Not Accepta	310)	
110 100 1 2 00 1 12			83	· 'n ·ma			
				03		last 4	- 0-9-
			84	City		FL  85   21	ip Code
11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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, typical or product reserve of registered agent and blee if applicable (NOTE Re				signature required		DATE	
12.		ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI		
TITLE	DP DATE AT	DELETE				Chang	e 🔲 Addition
NAME	OCA, RAFAEL M		1.2 NAME	•			
STREET ADDRESS	3570 NW 50TH ST.		1.3 STREET AD				
CITY-ST-ZIP	MIAMI FL 33142	DELETE	1.4 CITY-ST-7	ZIP		☐ Chang	e Addition
TITLE NAME		[_] ()(((()	22 NAME				s C Audition
				NODECC			
STREET ADDRESS			23 STREET AD	1			\
CITY-ST-ZIP TITLE	DELETE		2 4 C/TY - ST - E 3.1 TITLE	- LIF		☐ Chang	e Addition
NAME	L. J. Dictric		3.2 NAME				
STREET ADDRESS			3.3 STREET AD	DIDRESS			
CITY-ST-ZIP			3.4. CITY-ST-				
TITLE		DELETE 4.1 TITE				☐ Change	e Addition
NAME	1		4. 2 NAME			_	
STREET ADDRESS		4 3 STREET AD	DORESS				
CITY-ST-ZIP			4.4 DITY-ST-2				
TITLE						Change	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AD	DDRESS			ĺ
CITY-ST-ZIP			5.4 City - ST - 2	ZIP			
TITLE		DELETE	E 6.1 TITLE			☐ Chang	e 🔲 Additioп
NAME			6.2 NAME				ļ
STREET ADDRESS			63 STREET AD	DORESS			
CITY-ST-ZIP			64 CITY-ST-2				
14. I bereby (	certify that the information supplied y	with this filing does not qua	alify for the exemptic	on stated in S	ection 119.07(3)(i), Florida Statutes.	further certify that t	he information ]

I neredy certify that the information supplied with this thing does not qualify for the oxemption stated in section 119.07(37), Florida Statutes, it further certify that the information indicated on this annual report or supplied manual 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 trusted epipowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in

2-10-88