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Sep 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000079404 (6)  
1. Corporation Name  
EQUINAMICS, CORP.

Principal Place of Business: 6150 SW 76 ST, MIAMI FL 33143, US  
Mailing Address: 6150 SW 76 ST, MIAMI FL 33143, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 10/13/1995  
4. FEI Number: 65-0645475  
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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: LIEVANO, JUAN J, 6150 SW 76 ST, MIAMI FL 33143

10. Name and Address of New Registered Agent (81-84)  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | D/P             | <input type="checkbox"/> DELETE |
| NAME           | LIEVANO, JUAN J |                                 |
| STREET ADDRESS | 6150 SW 76 ST   |                                 |
| CITY-ST-ZIP    | MIAMI FL        |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |
| TITLE          |                 | <input type="checkbox"/> DELETE |
| NAME           |                 |                                 |
| STREET ADDRESS |                 |                                 |
| CITY-ST-ZIP    |                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | D/V                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | William C. Sussman           |  |
| 1.3 STREET ADDRESS | 1570 Madruga Ave., Suite 311 |  |
| 1.4 CITY-ST-ZIP    | Coral Gables, FL 33146       |  |
| 2.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                              |  |
| 2.3 STREET ADDRESS |                              |  |
| 2.4 CITY-ST-ZIP    |                              |  |
| 3.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                              |  |
| 3.3 STREET ADDRESS |                              |  |
| 3.4 CITY-ST-ZIP    |                              |  |
| 4.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | 800002632118                 |  |
| 4.3 STREET ADDRESS | -09/04/98--01064--006        |  |
| 4.4 CITY-ST-ZIP    | ***61.25                     |  |
| 5.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                              |  |
| 5.3 STREET ADDRESS |                              |  |
| 5.4 CITY-ST-ZIP    |                              |  |
| 6.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | JUAN LIEVANO                 |  |
| 6.3 STREET ADDRESS |                              |  |
| 6.4 CITY-ST-ZIP    |                              |  |

8/26/98  
PRESIDENT

14. I hereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation, 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 on an attachment to this address.

CR2E034 (10/97)