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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000960 (0)

ALLAPATTAH EQUIPMENT SALES, INC.

Principal Place of Business	Mailing Address
7781 S.W. 35TH TERRACE MIAMI FL 33155	7761 S.W. 35TH TERRACE MIAMI FL 33155-3500

FILED May 07 1997 8:00am Secretary of State



MIAMI FL 33155		MIAMI FL 33155-3500	7/61 S.W. 351H TERRACE MIAMI FL 33155-3500					
					3. Date Incorporated or Qualified 01/04/1996	3a. Date of Last Re	port	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Apr	ed For	
21		26	26		65-0705868	<u> </u>	Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	\$8.75 Additional Fee Required	
City & Stat	е	Cily & State			Election Campaign Financing Trust Fund Contribution	\$5.00 h	May Be	
Zip	Country	Zip	Countr	,	8. This corporation has liability for in			
24	25	29	30			Yes 🔀 No	.00 00.,	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	istered Agent		
	PRIGUEZ, EDUARDO		81	Name				
7761	1 S.W. 35TH TERRACE		82	Street Add	ress (P.O. Box Number is Not Acceptable	<u></u>		
, MIAI	MI FL 33155		83	Ollect Addi	ress (F.O. DOX NOTIDE) IS NOT Acceptable	G)		
			84	,		FL 85 Zip C		
11. Pursuant office or r agent. I a	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with land accept the o	.0502 and 607.1508, Florida Statu State of Florida. Such change was bligations of, Section 607.0505, F	ites the above authorized be lorida Statute	e-named corp the corporat s.	poration submits this statement for the pi tion's board of directors. I hereby accep	rpose of changing its t the appointment as re	registered egistered	
SIGNATURE.	Signature, typed or printed harrie of registere	sLagent and tile if apple about (NC	TE Registered Ag	ni signature feodi	red when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 12	
TITLE	PSTD	DELETE	1.1 TITLE			Change	Addition	
NAME	RODRIGUEZ, EDUARDO		1.2 NAME					
STREET ADDRESS	7761 S.W. 35THT ERRACE		1.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY+	I - ZIP				
TITLE		DLLETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STIFLE	ADDRESS				
CITY-ST-ZIP			2.4 CHY-	ST - ZIP				
TITLE		☐ DELETÉ	3 1 TITLE			Change	Addition	
NAME			32 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3 4. C11Y-	ST - Z IP				
TITLE		DELETE	4 1 TITLE			Change	Addition	
NAME			4 2 NAME					
Street address			4 3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 Crty - S	T-ZIP				
TITLE		DELETE	51 TALE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CHY-9	1 - ZIP			ļ	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 \$1REE1	ADDRESS				
CITY-ST-ZIP			6.4 CITY - 9	1 - ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. I further certify that the information indicated on this annual peper to 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 control on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name