SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600008310 (0)

EQUISERVICE, INC.

FILED Aug 11 1998 8:00am Secretary of State

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Principal Plac	e of Business	Malling Address				- I AMBLIDAL KAN INITE NEUR ANDIT MNITE NOTIT NOTIT NOTIT NEUR TREAT FIND TIEFAT FIND TOTAL ANDIT	
8354 N.W. 103RD STREET		8354 N.W. 103RD STREET					
HIALEAH FL 33016		HIALEAH FL 33016					
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified 01/26/1996	•	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	<u></u> -	26			65-0649917	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28	,		Trust Fund Contribution L_	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid th		
24	[25]	29	30		Personal Property Tax due June 30. Yes No		
***	9. Name and Address of Curre	ent Registered Agent	;	ál n	10. Name and Address of New Register	ered Agent	
ALONSO, GUILLERMO				1 Name			
	N.W. 103RD STREET		E	2 Street A	Address (P.O. Box Number is Not Acceptable)		
HIAL	EAH FL 33016					<u> </u>	
			8	3	ı		
			Ē	4 City		85 Zip Code	
						FL S Zip Code	
11. Pursuant office or	to the provisions of sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statut e of Florida. Such change was	es, the above	re-named co by the corpo	orporation submits this statement for the purpose pration's board of directors. I hereby accept the a	of changing its registered appointment as registered	
_	am ramiliar with, and accept the obig	gations of, section 607,0505, Fi	iorida Statut	es.			
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable (N	IOTE: Registered	Agent signature	e required whan reinstating) D/	ATE	
12.	 	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	OP	DELETE	1.1 TITLE		MARIA M Alouso	Change Addition	
NAME	ALONSON, GUILLERMO		1.2 NAMI		Alouso	Change (AS Addition	
STREET ADDRESS	8354 NW 103RD ST			ET ADDRESS	MARIA DV TITO		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-	- 1	8354 NW 103 197 33016	:	
TITLE		DELETE 211			HIRICHIA TOUR	Change Addition	
NAME	ב טנננונ		2.2 NAME			Change L Addition	
STREET ADDRESS		2.3 STREET ADDRESS			•		
CITY-ST-ZIP			2.4 CITY-ST-ZIP			1	
TITLE	T pro		3.1 TITLE			Change Addition	
NAME	L] DELETE		3.2 NAME			Change Addition	
STREET ADDRESS				ET ADDRESS		÷	
CITY-ST-ZIP			3.4 CITY-				
TITLE	DELETE					Change Addition	
NAME	□ DEFE1E		4.1 TITLE			Change Addition	
STREET ADDRESS			•	ET ADDRESS		.*	
CITY-ST-ZIP				ST-ZIP		:	
TITLE	DELETE					Change Addition	
NAME	[] DELETE		5.1 TITLE 5.2 NAME			Cuanta T Vooinou	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.3 GTY-				
TITLE	Deserte		6.1 TITLE			Change Addition	
NAME	L DELETE		6.2 NAME		TEDODE 1 :	Change Addition	
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		00000261 3 -08/12/9801007	021)	
			1		***558.00	19/11	
14. I hereby ce	erlify that the information supplied wit	h this filing does not qualify for t	6.4 City- the exemption		section 119.07(3)(i), Florida Statutes. I further ce	ertify that the Information	
indicated o an officer o	on thi s a nnual report or supplementa	l annual report is true and accu aceiver or trustee empowered t	irate and tha	it my signat	ture shall have the same legal effect as if made is required by Chapter 607, Florida Statutes; and	under oath: that I am	

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