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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000045621 (5)

1. Corporation Name
PADRON EQUIPMENT, INC.



Principal Place of Business
1260 WEST 32ND STREET
HIALEAH FL 33012

Mailing Address
1260 WEST 32ND STREET
HIALEAH FL 33012-4806

3. Date Incorporated or Qualified
05/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 9921 W OKEECHOBEE ROAD

2a. Mailing Address

26 9921 W OKEECHOBEE ROAD

4. FEI Number

65-0700587

Applied For

Not Applicable

Suite, Apt. #, etc.

22 425-A

Suite, Apt. #, etc.

27 425-A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 HIALEAH GARDENS, FL

City & State

28 HIALEAH GARDENS, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33016

Country

25 USA

Zip

29 33016

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PADRON, ALBERTO
1260 WEST 32ND STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name PADRON ALBERTO

82 Street Address (P.O. Box Number is Not Acceptable)

9921 W OKEECHOBEE ROAD

83 SUITE 425-A

84 City

HIALEAH GARDENS, FL

85 Zip Code

33016

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

ALBERTO PADRON PRESIDENT

3-29-97

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ALBERTO PADRON	<input type="checkbox"/> DELETE
NAME	PRESIDENT	
STREET ADDRESS	9921 W OKEECHOBEE ROAD SUITE 425-A	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	
TITLE	MARIA E PADRON	<input type="checkbox"/> DELETE
NAME	SECRETARY-TREASURER	
STREET ADDRESS	9921 W OKEECHOBEE ROAD SUITE 425-A	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-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)(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 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

SIGNATURE:

Alberto Padron ALBERTO PADRON - PRESIDENT 3-29-97 (805) 815-2748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)