PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90126 036 \*\*\*150.00

DOCUMENT#	DOCOCO A ECO
DOCOMENT#	P96000045621

Corporation Name

PADRON	N EQUIPMENT, INC.										
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							_				
Principal Place of Business Mailing Address											
9921 W OKEECHOBEE RD 9921 W OKEECHOBEE RD 425-A 425-A											
HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016					DO NOT WRITE IN THIS SPACE						
US	. ·	US					3.	Date Incorporated or Qualifed 05/22/1996		,	
2. Principal P	lace of Business	2a. Mailing Ad	ldress				4.	FEI Number		$\Box$	Applied For
21	26						65-0700587			Not Applicable	
	e, Apt. #, etc Suite, Apt. #, etc					5.	Certificate of Status Desired	□ -		5 Additional Required	
City & Stat	2	27 City & Sta	te				-	Election Campaign Financing			10 May Be
23		28					\ <b>.</b>	Trust Fund Contribution			ed to Fees
Zip	Country 25	Zip	30	Countr	ry		8.	This corporation owes the cur Personal Property Tax.	-	ngible Yes	□No
[24]	9. Name and Address of Current						10.	Name and Address of New	Registered A	gent	
DAG	DOM ALDEDTO			8	1	Name		_			
PADRON, ALBERTO 9921 W OKEECHOBEE RD			8:	2	Street Ad	dress (P	ess (P.O. Box Number is Not Acceptable)				
	TE 425-A			8:	3					•	
HIAI	EAH GARDENS FL 33016			8.	4	City				<b>85</b> Zi	ip Code
			<b></b>	ļ	- (	•			FL	<b>!</b> L	
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	and 607.1508, FI f Florida. Such ch	orida Statutes, ange was auth	the abororized b	ve-i y th	named co ne corpora	rporation	n submits this statement for the pard of directors. I hereby acce	pt the appoint	nanging tment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 60	7.0505, Florida	a Statute	es.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	gistered Ag	ent s	signature requ	ired when r	einstating)	DATE		
12.	OFFICERS AND			⁼13.				ADDITIONS/CHANGES TO OF	FICERS AND	DIREC	TORS IN 12
TITLE	P		DELETE	1.1 ΠΠ <b>L</b> E						Chang	ge
NAME	PADRON, ALBERTO	_		1.2 NAME	Ē	- 1					l
STREET ADORESS		TE 425-A		1.3 STRE	ETA	ODRESS					
CITY-ST-ZIP	HIALEAH GARDENS FL		l ocuser	1.4 CITY-		ZIP				[ ] Chang	ge
TITLE	ST DADDON MADIA C	L	DELETE	2.1 ΠΠLE		1				☐ Chang	je 🔲 Additon
NAME	PADRON, MARIA E   9921 W.OKEECHOBEE RD, SUI	TF 495.A		2.2 NAME		- CODECC					
STREET ADDRESS	HIALEAH GARDENS FL	11L 425-A		2.4 CITY		DORESS .	ندس <u>د</u> ، -		m nate in the		<b>-</b> .
TITLE	- TINGENT CARGETOTE		DELETE	3.1 TITLE		-21				Chang	ge Addition
NAME	,			3.2 NAME							
STREET ADORESS				3.3 STRE	EΤΑ	DDRESS					1
CITY-ST-ZIP				3.4. CITY	-ST-	-ZIP					
TITLE	☐ DELETE 4.1		4.1 TITLE					Chang	ge 📋 Addition		
NAME				4. 2 NAME							
STREET ADDRESS	[		İ	4.3 STREE		DDRESS					
CITY-ST-ZIP				4.4 CITY-		ZIP				- Cherry	
TITLE	,		DELETE	5.1 TITLE						☐ Chang	ge
NAME	ļ			5.2 NAME		ADDRESS					
STREET ADDRESS	i ·			5.3 STRE 5.4 CITY-							
CITY-ST-ZIP	<u> </u>			3.4 ÇITT-	314	4H					

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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

USUS AND THE REAL BEAT OF A DROW URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Addition