

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P 96000063097 1. Corporation Name

SURVEYING EQUIPMENT RENTAL INC.

Principal Place of Business 7891 W FLAGLER ST SUITE 296 MIAMI, FL 33144 U.S.A.

Mailing Address 7891 W. FLAGLER ST SUITE 296 MIAMI, FL 33144 U.S.A.

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country 24

2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent

BERGER, JAMES L. 100 N.E. THIRD AVE SUITE 400 FL LAUDERDALE FL 33301 U.S.A.

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code FL 85

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. Hereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if different from above

NOTE: Registered agent must be a natural person who is a resident of Florida

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for D'ARGENCE, FRANCISCO M.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 11. TITLE, 12. NAME, 13. STREET ADDRESS, 14. CITY-ST-ZIP, 15. TITLE, 16. NAME, 17. STREET ADDRESS, 18. CITY-ST-ZIP, 19. TITLE, 20. NAME, 21. STREET ADDRESS, 22. CITY-ST-ZIP, 23. TITLE, 24. NAME, 25. STREET ADDRESS, 26. CITY-ST-ZIP, 27. TITLE, 28. NAME, 29. STREET ADDRESS, 30. CITY-ST-ZIP, 31. TITLE, 32. NAME, 33. STREET ADDRESS, 34. CITY-ST-ZIP, 35. TITLE, 36. NAME, 37. STREET ADDRESS, 38. CITY-ST-ZIP, 39. TITLE, 40. NAME, 41. STREET ADDRESS, 42. CITY-ST-ZIP, 43. TITLE, 44. NAME, 45. STREET ADDRESS, 46. CITY-ST-ZIP, 47. TITLE, 48. NAME, 49. STREET ADDRESS, 50. CITY-ST-ZIP, 51. TITLE, 52. NAME, 53. STREET ADDRESS, 54. CITY-ST-ZIP, 55. TITLE, 56. NAME, 57. STREET ADDRESS, 58. CITY-ST-ZIP, 59. TITLE, 60. NAME, 61. STREET ADDRESS, 62. CITY-ST-ZIP, 63. TITLE, 64. NAME, 65. STREET ADDRESS, 66. CITY-ST-ZIP, 67. TITLE, 68. NAME, 69. STREET ADDRESS, 70. CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

SIGNATURE: D'ARGENCE, FRANCISCO M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23, 1999 (305) 267-9040

FILED

99 APR 27 AM 11:34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Handwritten signature

DO NOT WRITE IN THIS SPACE

3. Date Incorporated For or Out of State: JULY 29, 1996 4. FEIN number: 65-0701094 5. Certificate of Status Due Date: \$8.75 Annual Fee Report 6. Election Company Financing / Trust Fund Contribution: \$5.00 (May Be Added to Fees) 8. This corporation owes the current year's Personal Property Tax: [Yes] [No] 10. Name and Address of New Registered Agent

94 (1-99)