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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000067205 (0)**

1. Corporation Name
QUALIFIED EQUIPMENT REPAIR, INC.

Principal Place of Business	Mailing Address
11077 BISCAYNE BLVD. SUITE 301 MIAMI FL 33161	11077 BISCAYNE BLVD. SUITE 301 MIAMI FL 33161-7498

3. Date Incorporated or Qualified: 08/12/1996
3a. Date of Last Report:
4. FEI Number: 65-0690845 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1830 N.E. 144th St., Bay#3	26 1830 N.E. 144th St., Bay#3
Suite, Apt #, etc. 22 Rear	Suite, Apt #, etc. 27 Rear
City & State 23 North Miami, Florida	City & State 28 North Miami, Florida
Zip 24 33181-1420 Country 25 U.S.	Zip 29 33181-1420 Country 30 U.S.

9. Name and Address of Current Registered Agent

CORBISIERO, ANTHONY
2010 N.W. 89TH AVENUE
PEMBROKE PINES FL 33024-3229

10. Name and Address of New Registered Agent

81 Name Anthony Corbisiero
82 Street Address (P.O. Box Number is Not Acceptable) ~~c/o Qualified Equipment Repair, Inc.~~ 1830 N.E. 144th St., Bay#3 Rear
83
84 City North Miami, FL 85 Zip Code 33181

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President	XX Change ☐ Addition
NAME	CORBISIERO, ANTHONY		1.2 NAME		
STREET ADDRESS	2010 N.W. 89TH AVNEUE		1.3 STREET ADDRESS	1830 N.E. 144th St., Bay#3 Rear	
CITY-ST-ZIP	PEMBROKE PINES FL 33024-3229		1.4 CITY-ST-ZIP	North Miami, FL 33181-1420	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Anthony J Corbisiero Anthony Corbisiero 1/24/97 (305)945-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #