## 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 # P96000067674

FILTROS EN EQUIPO LTDA, CORP.

Principal Place	of Business	Mailing Address								
10510 SW 146	AVE.	10510 SW 146 AVE.	SW 146 AVE.							
MIAMI FL 33186		MIAMI FL 33186					DO NOT WRI	TE IN THIS	SPACE	
						3	Date Incorporated or Qualifed			
						J	08/14/1996			- 1
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number		At	oplied For
24		26				65-0686436		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				٦.	Certifcate of Status Desired			Additional
22		27				5.	Certificate of Status Desired		Fee Re	equired
City & State	9	City & State				6.	Election Campaign Financing			May Be
23		28	-				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	try		8.	This corporation owes the curr	ent year Inta		
24	25		30			Щ.	Personal Property Tax.	2	<b>∳</b> Z] Yes	No
	g. Name and Address of Currer	nt Registered Agent		31	Name	10.	Name and Address of New I	tegistereo /	Ageni	
VEDE	Z, GABY		ļ	''	Name					
	0 SW 146 AVE.		82			ress (P	P.O. Box Number is Not Accept	able)		
MIAMI FL 33186			-	33			<del>_</del>			
1710 111			`	"			<u>_</u>			
			8	34	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	<u></u>	-named corp	oratio	n submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	(norizea t	oy tr	he corporation	on's bo	oard of directors. I hereby acce	ot the appoir	ntment as re	gistered
SIGNATURE					signature require		<u> </u>	DATE		
	Signature, typed or printed name of registered age	IND DIRECTORS	13.	gent	signature require		ADDITIONS/CHANGES TO OF		ID DIRECTO	ORS IN 12
TITLE	DP OFFICERS AI	DELETE	1.1 TMU	 F			ADDITIONS/GHANGES TO OF	I IOLING FIRE	Change	☐ Addition
NAME	BENJUMEA, CARLOS M		1.2 NAM							
STREET ADDRESS	CALLE ON 40 ANA LOG COE DADOUR EL			1.3 STREET ADDRESS						
	POBLADO, MEDELLIN, COLOM		1.4 CITY					,		
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITL		ZIF				Change	Addition
NAME	WHITE, EDWIN 22N									
STREET ADDRESS	CALLE 9 N. 43-A31, LOC. 225 PARQUE EL			2.3 STREET ADDRESS						
	POBLADO, MEDELLIN, COLOMBIA			2. 4 CITY-ST-ZIP			·			
CITY-ST-ZIP TITLE	TODEADO, MEDELLIN, COLOM	DELETE	3.1 TITL		- <u>4</u> P				Change	Addition
NAME			3.2 NAM				•			
					ADDRESS					ļ
STREET ADDRESS			3.4. CIT				•			
CITY-ST-ZIP TITLE		☐ DELETE	4,1 TITL		-217				Change	Addition
NAME			4, 2 NAM							_
STREET ADDRESS					ADDRESS					
			4.4 CITY		1					
CITY-ST-ZIP TITLE	<u> </u>	□ DELETE	5.1 TITL						☐ Change	Addition
		<u>_</u>	5.2 NAM							
NAME			1		ADDRESS					
STREET ADDRESS			5.4 CITY							
CITY-ST-ZIP		□ DELETE	6.1 TITL						Change	Addition
TITLE			- 6.2 NAM	Æ	}					_
NAME	_ <del></del>				ADDRESS .	-	•			
STREET ADDRESS	<del></del>		V.5 511	1 /	DUNCOO					

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. SIGNATURE:

6.4 CITY-ST-ZIP

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90123 010 \*\*\*150.00