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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069414 (6)

EQUIPAR INTERNATIONAL, INC.

Principal Place of Business

1717 N. BAYSHORE DRIVE **SUITE 1253**

Mailing Address

1717 N. BAYSHORE DRIVE

FILED Feb 09 1998 8:00am Secretary of State



MIAMI FL 33132 MIAMI FL 33132				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified		
						08/20/1996		
2. Principal P	lace of Business	Mailing Address	o th	$\overline{\Box}$		4. FEI Number		Applied For
21 8115	NW 60th Street 26	8115 NW 6	\mathcal{O}^{th}	<u>'51</u>	<u>eet</u>	65-0690492		Not Applicable
Stille, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		.75 Additional se Required
City & State City & State						6. Election Campaign Financing	42	.00 May Be
23 Miami, Fl. 28 Miami, Fl						Trust Fund Contribution		dded to Fees
Zip Country Zip Count						8. This corporation owes or has pa		
133166 13 USA 133166 13 C				SA.		Personal Property Tax due June	— ·	
2, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
GASQUE, ALFONSO 81 1					е			
AND AL DEMANAGE BRIDE				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1253				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33132				3				
1			84	City			FL 85	Zip Code
44 Direction to the provisions of Sections 607 0502 and 607 1508 Elevide Statutes the above period 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OATE								
12.	OFFICERS AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	CTORS IN 12
TITLE	D	☐ DELET e	1.1 TITLE				☐ Cha	ange 🔲 Addition
NAME	GASQUE, ALFONSO		1.2 NAME					15
STREET ADDRESS	s 1717 N. BAYSHORE DRIVE, SUITE 1253			1 ADDRESS	;			[6]
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-	ST-ZIP	1			
TITLE	V	DELETE	2.1 TITLE	-			Cha	ange Addition
NAME	FLOTA, MARIO E		2.2 NAME		1			}
STREET ADDRESS	45 - 14 5 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5		2 3 STREET ADDRESS		;			[
CITY-ST-ZIP	MIAMI FL 33132		2. 4 C/TY-					
THILE			3.1 TITLE				Cha	ange Addition
NAME	3.2 N		3.2 NAME		1			
STREET ADDRESS			3.3 STREE	1 ADDRES!	; }			}
CITY-ST-ZIP			3.4. CITY-	SI-7IP				-
TITLE			4.1 TITLE	Q1 ±1/	 		Cha	ange Addition
NAME			4. 2 NAME					- 1
STREET ADDRESS				T address	,			
CITY-ST-ZIP			4.4 CITY-		' [1
TITLE		DELETE	5.1 TITLE	31-2IF	┪		☐ Cha	ange Addition
NAME			5.2 NAME		İ			
				1 400000]
STREET ADDRESS				1 ADDRESS	'			1
CITY-ST-ZIP		DELETE	5.4 CITY-:	S1 - ZIP			Cha	ange Addition
TITLE							L Clia	inge 🗀 Mudicipit
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS	1			
CITY-ST-ZIP	artiful that the information cumplied with this 6	this does not small to to all	6.4 CITY-		100 0	action 118 07/3Vi). Election Statuton I	E al al	-4 M 1 -441

Thereby certify that the information supplied with an shing 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 effectly 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.

02/02/00