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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000096617 (1) DOCUMENT #

SOUTHEAST EQUIPMENT, INC.

## **FILED** Apr 20 1998 8:00am Secretary of State



| Principal Place                                       | e of Business  | Mailing Address  |                                     |  |                                     |
|---|--|--|-------------------------------------|--|-------------------------------------|
| 12781 SOUTHWEST 115TH AVENUE 12781 SOUTHWEST 115TH AV |  |  | 5TH AVENUE                          |  |                                     |
| MIAM! FL 3317   | 76   | MIAMI FL 33176   |                                     | DO NOT WRITE IN THIS SPACE   |                                     |
|   |  |  |                                     | 3. Date Incorporated or Qualified  |                                     |
|   |  |  |                                     | 11/26/1996   |                                     |
| 2 Principal Pl  | ace of Business  | 2a. Mailing Address                                    |                                     | 4. FEI Number  | Applied For                         |
| 21 4295   | DiAmond Tenace   | 26 4293 Diam   | und Terrace                         | 65-0711557   | Not Applicable                      |
| Suite, Apt.   |  | Suite, Apt #, etc.                                     |                                     |  | CO 75 Additional                    |
| 22  |  | 27   |                                     | 5. Certificate of Status Desired   | Fee Required                        |
| City & State  |  | City & State   | <i>(</i> , ,                        | 6. Election Campaign Financing   | \$5.00 May Be                       |
| 23 West   | m Floridu  | 28 Weston.   | Flonda                              | Trust Fund Contribution  | Added to Fees                       |
| Zip   | Country  | Zip  | Country                             | 8. This corporation owes or has paid   | the current year Intangible         |
| Zip<br>3333   | 25 USA   | 29 33331   | 30 USA                              | Personal Property Tax due June 30  |                                     |
|   | g, Name and Address of Current   | Registered Agent                                       |                                     | 10. Name and Address of New Regis  | stered Agent                        |
| AMERILAWYER CHARTERED 81 Name Howard SALTMAN          |  |  |                                     |  |                                     |
| 343 ALMERIA AVENUE 82 Stri                            |  |  |                                     | ress (P. Box Number is Not Acceptable  | )                                   |
| CORAL GABLES FL 33134 4 295                           |  |  |                                     | 5 Quamond Terra  |                                     |
|   |  |  | 83                                  |  |                                     |
|   |  |  | 84 City , .                         |  | DE Zin Code                         |
|   |  |  |                                     | )ector   | FL 85 3331                          |
| 11. Pursuant t  | to the provisions of Sections 607 0502   | and 607.1508, Florida Sta                              |                                     | poration submits this statement for the purition's board of directors. I hereby accept | pose of changing its registered     |
| office of re  | egistered agent, or both, in the State on familiar with, and accept the obligations. | of Florida. Such change wa<br>Jons of Section 607 0505 | s authorized by the dorpora         | ition's board of directors. I hereby accept t  | the appointment as registered       |
| _   | 11   |  |                                     | an ah  | 12 1998                             |
| SIGNATURE •   | Signature, typed or printed name of registered alien                                 |  | OTL Registered Agent signatura requ | irno when reinslating)   | 13,199 F                            |
| 12.   | OFFICERS AND   | DIRECTORS  | 13.                                 | ADDITIONS/CHANGES TO OFFICE  |                                     |
| TITLE   | PSTD   | ☐ DELETE   | 1.1 TITLE                           | _  | Change Addition                     |
| NAME  | 6alzman, Howard  |  | 1.2 NAME                            | ALEMAN, Howard<br>1295 Diemand termice<br>Next FL. 3833)                               |                                     |
| STREET ADDRESS  | 12781 SOUTHWEST 115TH AV   | 'ENUE  | 1.3 STREET ADDRESS                  | 295 Disserred terme  |                                     |
| CITY-ST-ZIP   | MIAMI FL 33176   |  | 1.4 CITY - S1 - ZIP                 | Veston FL. 3535)   |                                     |
| TITLE   |  | DELETE   | 2.1 THILE                           |  | 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<br>TITLE                                  |  | ☐ DELETE   | 5.4 CITY-ST-ZIP<br>6.1 YITLE        |  | Change Addition                     |
|   |  | Decert   |                                     |  |                                     |
| NAME  |  |  | 6.2 NAME                            |  |                                     |
| STREET ADDRESS  |  |  | 6.3 STREET ADDRESS                  |  |                                     |
| CITY-ST-ZIP   | and that the information ourselled will  | t this filing does not qualify                         | 6.4 CITY-ST-7IP                     | Section 119 07(3)(i) Florida Statutes Lfu  | orther certify that the information |

Inereoy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or suppliencental 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.

april 2, 1998