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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014632 (8)

FILED Feb 13 1998 8:00am Secretary of State

USA EQUIPMENT COMPANY Principal Place of Business Mading Address 11011 SOUTHWEST 117 AVENUE 11011 SOUTHWEST 117 AVENUE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0726974 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GUZMAN, MARIO I 11011 SOUTHWEST 117 AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 Zip Code 84 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Hingistered Agont signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OLFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition GUZMAN, MARIO ! 12 NAME NAME 11011 SOUTHWEST 117 AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 1.4 CITY - ST - ZIP DETETE Change Addition TITLE 21 TITLE GUZMAN, CLARA R NAME 2.2 NAME 11011 SOUTHWEST 117 AVENUE 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change ☐ Addition TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change ■ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 THILE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby 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 receipt of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt of the corporation of the c

SIGNATURE:

2/9/98 (305)598.9733