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

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90263 014 ***150.00

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DOCUMENT #	P97000014632

1. Corporation Name

USA EQUIPMENT COMPANY

						1001001101111111111111111111111111		.31 03
Principal Place of Business Mailing Address								
		11011 SOUTHWEST MIAMI FL 33186	THWEST 117 AVENUE 3186			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 02/14/1997		
2. Principal Pl	ace of Business	2a. Mailing Addres	SS			4, FEI Number		Applied For
21	·	26				65-0726974	للب	Not Applicable
Suite, Apt.	#, etċ.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired		5 Additional
22		27				3. SOLUTION OF CLASS DOS 102	Fee	Required
City & State	•	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Int	angible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
1	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
	Man, Mario 1 1 Southwest 117 Avenue			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAN	N FL 33186			83				
				84	City		85 Z	Zip Code
	- Castiana 607 0	F02 and 607 4509 Florida	o Statuton tha	about	named cor	poration submits this statement for the purpose of	changing	its registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such chang	e was authonze	d by	the corporal	tion's board of directors. I hereby accept the appoi	ntment as	; registered
SIGNATURE	Signature, typed or printed name of registered as	and and this if an except	/NOTE: Pagistars	d Agon	d elegature requir	red when reinstating) DATE		
		AND DIRECTORS	(NOTE: Registere		it signature requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	PD	DEI		TLE		ADDITIONO CITATOES TO OTT SERVEY.	Chan	
]	GUZMAN, MARIO I			IAME			_	
NAME	11011 SOUTHWEST 117 AVE	NI IC			ADDRESS			
STREET ADDRESS		NUC						
CITY-ST-ZIP	MIAMI FL 33186			HTY-S'	1-ZIP		Chan	ge Addition
TITLE	STD	_ DC						
NAME	GUZMAN, CLARA R	3H (P		IAMÉ				
STREET ADDRESS	11011 SOUTHWEST 117 AVE	NUE			ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			CITY-S	ST-ZIP		Chan	ge Addition
TITLE	VD	□ DE		TILE				ge
NAME	GUZMAN, GLBERTO F			IAME	+			İ
STREET ADDRESS	11011 SOUTHWEST 117 AVE	NUE	3.3 3	STREET	TADORESS			
CITY-ST-ZIP	MIAMI FL 33186			CITY-S	T-ZIP		C 0	- FT Addition
TITLE		□ D€i	LETE 4.1	TTLE			Chan	ige 🔲 Addition
NAME			4. 2	NAME				
STREET ADDRESS			4.3 5	TREE	T ADDRESS			
CITY-ST-ZIP	,			XTY-\$	T-21P			
TITLE		☐ DE		TILE			Chan	ge 🗌 Addition
NAME				AME				
STREET ADDRESS			5.3 \$	TREE	ADORESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
	· · · · · · · · · · · · · · · · · · ·	Пре	CTC 611	TT E			Chan	noe Addition

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 of 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00