**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000015126

1. Corporation Name

JAIMANITAS EQUIPMENT RENTALS CORP.										
Principal Place of Business Mailing Address						$\neg$	4 100410B1 (10 10/14 100(\$ 604)	EBIN OPNI FIN	#	
5925 SW 8TH STREET 5925 SW 8TH STREET						İ				
MIAMI FL 33144 MIAMI FL 33144							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualife			
	•					"	02/17/1997	, <b>.</b>		
2. Principal P	lace of Business	2a. Mailing Addre	ess			4.	FEI Number		Ap	plied For
21		<del></del>	26			}	65-0727908		<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				Certificate of Status Desired		\$8.75 A	Additional
22		27				3.	Certificate of Status Desired		Fee Re	quired
City & Staf	le .	City & State				. 6.	Election Campaign Financin	9 🗆	\$5.00	
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	· · · ·	Country	<i>f</i>	8.	This corporation owes the co	urrent year Ir		<b></b>
24	25	29					Personal Property Tax.			□No
	9. Name and Address of Cur	rent Registered Agent		81	Name	10.	Name and Address of Nev	v Registered	Agent	
COE	RONADO, RAMONA			10,	Name					
			82 Street Addre			O. Box Number is Not Acce	ptable)			
7360 CORAL WAY STE. 21 MIAMI FL 33155				83		_				
MIAI	WI FL 33133			83	<b>'</b> }					
				84	City			FL	85 Zip C	Code
			- <del> </del>		<u> </u>				f changing its	ragistared
f office or reason. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl	ate of Florida. Such chang ligations of, Section 607.0	je was authori 505, Florida S	ized by Statutes	the corpora	ation's bo	pard of directors. I hereby acc	cept the appo	intment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered	neant and title if applicable	(NOTE: Perist	ered Ane	nt signature requ	uined when r	einstating)	DATE		
12.		AND DIRECTORS		13.	Tit signature roqu		ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
TITLE	PD	□ DE	LETE 1	.1 TITLE	$\overline{}$				Change	☐ Addition
NAME	MARTINEZ, JORGE		1	2 NAME						
STREET ADDRESS	1821 SW 93 PL.		1	.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33165		1,	4 CITY-9	ST-ZIP					
TITLE	SD	☐ DELETE 2.1		1 TITLE					☐ Change	Addition
NAME	CARVAJAL, ROBERTO		2	.2 NAME						
STREET ADDRESS	1821 SW 93 PL.		2	3 STREE	TADDRESS ]					
CITY-ST-ZIP	MIAMI FL 33165		2	4 CiTY-	ST-ZIP					
TITLE		☐ DELETE		3.1 TITLE					Change	Addition
NAME		* -	3	2 NAME	1		•		•	
STREET ADDRESS			3	3 STREE	TADDRESS					
CITY-ST-ZIP			3	.4. CITY-5	ST-ZIP					
TITLE		□ DE	LETE 4	.1 TITLE			. —		☐ Change	Addition
NAME			4	. 2 NAME						
STREET ADDRESS			4	3 STREE	T ADDRESS					
CITY-ST-ZIP				4 CITY-S	ST-ZIP		——————————————————————————————————————			
TITLE	•		IFTE 6	1 711 E					☐ Change	☐ Addition

CITY-ST-ZIP 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 to suppliemental 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 for on an article part of the corporation of 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 for on an article part of the corporation of the c

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RE REQUIRED

DELETE

Daytime Phone #

Change

☐ Addition

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90013 017 \*\*\*150.00