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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032143 (4)

R.D.A. EQUIPMENT SERVICE INC.

Principal Place of Business

Mailing Address

FILED Mar 26 1998 8:00am Secretary of State



11131 N.W. 62ND COURT 11131 N.W. 62ND COURT HIALEAH FL 33012 HIALEAH FL 33012							
					DO NOT WRITE IN THIS	SPACE	
				3. Date Incorpora 04/09/199			
2. Principal Pt 21 <i>579</i>	iace of Business 5 W. 12 lane	26. Mailing Address 26. 57.95. (J.	12.124	4. FEI Number	0742444	h	oplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				6. Certificate of S	tatus Desired	\$8.75 A	
City & State City & State City & State 28 Higheah Pl. 28 Higheah			, Fl.	6. Election Camp Trust Fund Co		\$5.00 Added t	
Zip 3 3	012 25 DAde	29 330/2 30	Country	Personal Prope	on owes or has paid the cu erty Tax due June 30.	Yes [angible No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE ANMAS, ROLANDO				81 Name			
11131 N.W. 62ND COURT HIALEAH FL 33012				82 Street Address (P.O. Box Number is Not Agceptable) 83			
			84 City	Hinkenh	FL	85 Zip (3012
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes,	the above-named	corporation submits this s	tatement for the purpose of	of changing it	s 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 appeint the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typod or printed name of registered agent		ngistered Agent signature		H. /-/		
12.	OFFICERS AND		13.	ADDITIONS/CH	ANGES TO OFFICERS AN		
TITLE	DE ADMAG DOLANDO	☐ DELETE	1.1 TITLE			Change	Addition
NAME STREET ADDRESS	DE ARMAS, ROLANDO 11131 N.W. 62ND COURT		1.2 NAME 1.3 STREET ADDRESS	5705 111	12 / 1000		1
CITY-ST-ZIP	HIALEAH FL 33012		1.4 City-St-Zip	Hinlenh	2 LANE)] !
TITLE	THECEPH TE COOTE	DELETE	2.1 TITLE	AIMICHIJ		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		T Serve	3.4. CITY - 5T - ZIP			П.	N ()20
TITLE		[_] DELETE	4.1 TITLE	•		L Change	Addition
NAMÉ			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE NAME			5.1 TITLE 5.2 NAME			THE DIRECTOR	Land Fidulityii
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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.