FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90059 015 ***150.00

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

DOCUMENT # **P97000032143**1. Corporation Name

R.D.A. EQUIPMENT SERVICE INC.

Principal Plac	e of Business	Mailing Address				1 10011001 110 10111 10111 10111	,,,, 28 111 8818	***************************************	· erase ::!! 128(
5795 W 12 LN	•	5795 W 12 LN			•				
HIALEAH FL 33	3012	HIALEAH FL 33012				56 1107 11101		00405	
US	•	US			•	DO NOT WRI		SPACE	
						3. Date Incorporated or Qualifed 04/09/1997			
2. Principal P	Place of Business .	, 2a. Mailing Address				4. FEI Number		- A	pplied For
21		26				65-0742444			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	□ ·		Additional equired
City & Sta	te .	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the curr	ent year Inta	angible	
24	25	29	30			Personal Property Tax.		Yes Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New I	Registered /	Agent	
		1.000		81	Name				
	ARMAS, ROLANDO		•	82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	5 W 12 LN	•		~	Street Addre	sas (1.0. dox redirect is rect recept		To the fire	. w 1975. 61
HIAI	LEAH FL 33012			83			3.13(3)		其為特別
		•				1-49-7-1-3-3-3-4-2			2 1 1
				84	City	•	FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered agent		OTE: Registered	d Agent	t signature required	when reinstating) ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 Ti	ITLE		5.18726		Change	Addition
NAME .	DE ARMAS, ROLANDO		1.2 N	AME	ĺ			•	
STREET ADDRESS	5795 W 12 LN	•	1.3 \$		1			•	
CITY-ST-ZIP	HIALEAH FL 33012			TREET	ADDRESS				
TITLE			1.4 CI	TREET	1				
NAME		☐ DELETE	1.4 CI 2.1 TI	ITY-ST	1			Change	☐ Addition
STREET ADDRESS		DELETE		ITY-ST	1			☐ Change	☐ Addition
CITY-ST-ZIP		DELETE	2.1 TI 2.2 N	ITY-ST ITLE VAME	1			☐ Change	☐ Addition
TITLE		DELETE	2.1 TI 2.2 No 2.3 ST	ITY-ST ITLE IAME ITREET	-ZIP ADORESS		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
	**************************************	□ DELETE	2.1 TI 2.2 No 2.3 ST	ITY-ST ITLE IAME ITREET CITY-ST	-ZIP ADORESS			☐ Change	☐ Addition
NAME			2.1 TI 2.2 No 2.3 ST 2.4 C	TITY-ST TILE NAME TREET CITY-ST	-ZIP ADORESS	19. 19. 47. (6)		-, ·	
STREET ADDRESS			2.1 TT 22 Nv 2.3 ST 2.4 C 3.1 TT 3.2 Nv	TITY-ST TITLE VAME. TITLE TITLE VAME	-ZIP ADORESS	19 11 AT 15		-, ·	
STREET ADDRESS			2.1 TI 22 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST	TITY-ST TITLE VAME. TITLE TITLE VAME	ADDRESS T-ZIP ADDRESS	AND THE SERVICE		-, ·	
			2.1 TI 22 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 . C	TITLE TREET TITLE TITLE TITLE TAME TREET TOTY-ST	ADDRESS T-ZIP ADDRESS	AND THE SERVICE		-, ·	
STREET ADDRESS CITY-ST-ZIP		DELETE	2.1 TI 22 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C	CITY-ST TILE TREET TILE TREET TILE TREET TILE TREET	ADDRESS T-ZIP ADDRESS	AND THE SECOND		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV	TITLE TAME TREET TITLE TAME TREET TITLE TREET TITLE TREET TITLE TREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	00 11 45 AG	4	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST	TITY-ST TITLE WAME TITLE WAME TITLE TITLE TITLE TITLE TITLE TITLE WAME TITREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	PART 245.		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CCI	TITY-ST TITLE TAME TREET TITLE TAME TREET TITLE TAME TREET TITLE TAME TREET TITLE TREET TITLE TREET TREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	profit sept	4	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		□ DELETE	2.1 TT 22 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 NV 4.3 ST 4.4 CI	ITY-ST ITLE IAME ITREET ITLE IAME ITREET ITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ANN TO SAPA		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELETE	2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N	ITY-ST ITLE VAME ITREET CITY-ST ITLE VAME V	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	AND TO SAID		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DELETE	2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 . CC 4.1 TT 4.2 NV 4.3 S' 4.4 CCI 5.1 TT 5.2 NV 5.3 ST	ITY-ST ITLE VAME ITREET CITY-ST ITLE VAME V	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	AND TO SAID		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELETE	2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 . CC 4.1 TT 4.2 NV 4.3 S' 4.4 CCI 5.1 TT 5.2 NV 5.3 ST	ITY-ST ITLE IAME. ITREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	AND TO SERVICE AND A SERVICE A		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE		DELETE	2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N 5.3 ST 6.4 ĈI 6.1 TT	ITY-ST ITLE IAME. ITREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	AND THE SAME AND ADDRESS OF TH		☐ Change☐ Cha	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N 5.3 ST 6.1 TT 6.2 N	ITTY-ST ITTE IAME ITTREET I	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			☐ Change☐ Cha	Addition 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP