

AMOUNT DUE ON OR BEFORE 09/15/99: \$200 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200).

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90123 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P97000038442

1. Corporation Name
RCL EQUIPMENT RENTAL, INC.

Principal Place of Business
**17647 SOUTHWEST 146 COURT
 MIAMI FL 33177**

Mailing Address
**17647 SOUTHWEST 146 COURT
 MIAMI FL 33177**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1997	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0748990	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERLAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, ROBERTO	1.2 NAME	
STREET ADDRESS	17647 SOUTHWEST 146 COURT	1.3 STREET ADDRESS	2200 S.W. 97 Ave
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	MIAMI FLA 33165
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, LOURDES J	2.2 NAME	
STREET ADDRESS	17647 SOUTHWEST 146 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	
TITLE	PRESIDENT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberto MIRANDA	3.2 NAME	
STREET ADDRESS	2200 S.W. 97 Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	3.4 CITY-ST-ZIP	
TITLE	SECRETARY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loures J. MIRANDA	4.2 NAME	
STREET ADDRESS	2200 S.W. 97 Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)