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

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



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 90138 041 ***150.00

T, Corporation	MENT # P97000 Name NTIONAL EQUIPMENT & SAI				
Principal Place	e of Business	Mailing Address		- (1001)201 110 13111 13051 00111 03111 991	IN 09141 60411 81018 30111 1601 1004
13440 SW 131 S MIAMI FL 33186	- -	14523 SW 106 TERRACE MIAMI FL 33186		DO NOT WORK IN THE	10 004 OF
US				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 07/11/1997	
a Principal Di	lace of Business	2a Mailing Address		4. FEI Number	Applied For
¬ ヘウォ	2 511145 H	2a. Mailing Address	1 <i>e</i>	65-0778755	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	iani Pl	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year	
33	184 25 USH	29 3	–	Personal Property Tax. 10. Name and Address of New Registere	☐ Yes ☐ No
	9. Name and Address of Curren	r veðisteten váett	81 Name 1	10. Name and Address of New Registers	a Again
1344	EDA, GLORIA 0 SW 131 ST		82 Street Add	tess (P.O. Box Number is Not Acceptable)	fue
MIAM	/II FL 33186		83		
			84 City	liQUI F	85 Zin Code 26
44 Purewant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above-named corr	poration submits this statement for the nursose	of changing its registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the orgiga	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by the corporation to Statutes	on's board of directors. I hereby accept the app	cointment as registered
SIGNATURE	Signature, typed or printed name of existered ager	ceau_	legistered Agent signature require	Caccour Date	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	PD	DELETE	1.1 TITLE	7,0511.0.10.2111.0.000	☐ Change ☐ Addition ₹
NAME	CACEDA, LUIS		1.2 NAME		2
STREET ADDRESS	13440 SW 131 ST		1.3 STREET ADDRESS		} G
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		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		רין ארוובדר	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETÉ	4.1 TITLE		☐ Criange ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE			5.2 NAME		٠
NAME			5.3 STREET ADDRESS		* " Hot egying a war
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS		•	6.4 CITY-ST-ZIP		
a a I b - a b i i a	I certify that the information supplied wi	th this filing does not qualify for t	he exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated officer or	on this annual report or supplementa director of the corporation or the or Block 13 if changed, or the atlanta	I annual report is true and accura- iver or trustee empowered to ex-	ate and that my signatur acute this report as requ	e shall have the same legal effect as if made u ired by Chapter 607, Florida Statutes; and tha	nder oath; that I am an t my name appears in