

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000084615 (8)
1. Corporation Name
EQUIPO UNO, INC.



Principal Place of Business
1627 BRICKELL AVE #2704
MIAMI FL 33131

Mailing Address
1627 BRICKELL AVE #2704
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1997	
21		26	1627 BRICKELL AVE	4. FEI Number	Applied For
	Suite, Apt. #, etc.		# 2704	09-0794219	Not Applicable
22		27	# 2704	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		CITY & STATE		
23		28	MIAMI, FL	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	Zip		Zip	Trust Fund Contribution	
24		29	33131	7. This corporation owes or has paid the current year Intangible	
	Country		Country	Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DELGADO, ROLANDO 2685 SO BAYSHORE DR #1100 MIAMI FL 33133		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 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	
NAME	FANGIO, JUAN M II	1.2 NAME	
STREET ADDRESS	1627 BRICKELL AVE #2704	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	TESTA, ERNESTO R	2.2 NAME	
STREET ADDRESS	VIDAL W073 DEPTO 2C	2.3 STREET ADDRESS	
CITY - ST - ZIP	1429 BUENOS, ARGENTINA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	CAVALLIN, BENJAMIN M	3.2 NAME	
STREET ADDRESS	ALSINA 941 ADROQUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	1846 BUNEOS AIRES ARGENTINA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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)(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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/98

Date

(306) 441-0090

Daytime Phone #

0178005

CR2E034 (10/97)