

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90026 033 \*\*\*150.00

## DOCUMENT # P98000021683

1. Corporation Name

SOUTHERN INDUSTRIAL EQUIPMENT, INC.

Principal	Place	of	Business
-----------	-------	----	----------



Principal Place	e of Business	Mailing Address				<b>19100</b> 1131 1091
8045 NW 36TH ST SUITE 500 8045 NW 36TH ST SUITE 500 MIAMI FL 33166 MIAMI FL 33166		)	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed		
				03/09/1998		ļ
2. Principal P	lace of Business	_ 2a. Mailing Address ,	. 4 1	4. FEI Number	Apr	plied For
1430	BRICKELL BAY DRIVE	26 1430 BRICKEL	LBAY DRIVE	65-0821345	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt/#, etc.		5. Certificate of Status Desired	- \$8.75 A	
	E # 1203 =-	27 Just #120	<u>us                                     </u>	g, definicate of status seemen	Fee Rec	·
City & Stat	AMI, FL	City & State  28 MAMI, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip 33/.	3/ Country USA	Zip / 33/3/ 30	Country	This corporation owes the current ye     Personal Property Tax.	☐ Yes	<b>⊠</b> No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regist	ered Agent	
0117	m 10114.010		81 Name	NACIO GUZNAN		
GUZMAN, IGNACIO 8471 SW 5TH ST				ress (P.O. Box Number is Not Acceptable)	<u></u>	
	MI FL 33144		83	SO BRICKELL DAY U	RIVE	
WII/W			Suit	HE # 1203 0		
	/ /		84 City	ikui	FL 85 33/	ode,
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the above-named corp	oration submits this statement for the purpo	se of changing its	registered
office or r	egistered agent, or both, in the State of maniliar with, and accept the obligation	of Florida. Such change was auth	iorized by the corporation	on's board of directors. I hereby accept the	appointment as reg	istered
-	Tarima di accept une obligati	TOVACE	à GUZMA	·N .	4-6-99	7
SIGNATURE	Signature, typed of printer name of registered agent	l and title if applicable. (NOTE: Re	egistered Agent signature require		TE	
12.	OFFICERS ANI	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE	1.1 TITLE		<b>S</b> thange	☐ Addition
NAME	GUZMAN, IGNACIO		1.2 NAME	GNACIO GUZMAN 430 BRICKELL BAY DR 11AMI, FL 3313 M	ive suite	5#1203
STREET ADDRESS	8471 SW 5TH ST		1.3 STREET ADDRESS /	430 OKICKELL EAGUR	,,,,,,	,,,,,,,,,,
CITY-ST-ZIP	MIAMI FL 33144	C) es: 575		1/AMI, FL 3313P	Change	Addition
TITLE		☐ DELETE	2.1 TITLE /		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			. بر دید در
CITY-ST-ZIP		DELETE	2.4 C/TY-ST-ZIP	The state of the s	[ Change	Addition
TITLE	•					
NAME			3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
NAME			4.2 NAME		_ ,	_
			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DÉLETÉ	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			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			
	l /	)	■			- 1

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 of 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

RE IGNACIO GUZMAN