

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Iarris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90255 024 \*\*\*150.00

DOCUMENT # P98000023673

1. Corporation Name

THE EQUITY HOLDING GROUP II, INC.



Principal Place of Business

4119 N.W. 135TH ST.  
MIAMI FL 33054

Mailing Address

4119 N.W. 135TH ST.  
MIAMI FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1998

4. FFL Number

65-0089608

Applied For

Not Applicable

2. Principal Place of Business

21 12400 SW 134th Court

2a. Mailing Address

26 12400 S.W. 134th Ct

Suite, Apt. #, etc.

22 Suite # 11

Suite, Apt. #, etc.

27 Suite # 11

City & State

23 Miami FL 33186

City & State

28 Miami, Florida

Zip

24 33186

Country

25

Zip

29 33186

Country

30

9. Name and Address of Current Registered Agent

JARRETT, MCIVAN  
5223 S.W. 149 PLACE  
MIAMI FL 33185

10. Name and Address of New Registered Agent

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

TITLE PRESIDENT / SECRETARY / TREAS. ☐ DELETE

NAME MCIVAN JARRETT  
STREET ADDRESS 5223 SW 149 PLACE  
CITY-ST-ZIP Miami, FL 33186

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

45

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

55

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

65

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

305-971-5370

Daytime Phone #

CR2E034 (11/98)