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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1		
1	Principal Place of Business	Mailing Address
	2950 LUCKIE ROAD WESTON FL 33331	2950 LUCKIE ROAD WESTON FL 33331

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90290 001 ***150.00

EQUIPUS	NIENT # P98000 S CORP.	0023090			
Principal Place	e of Business	Mailing Address		1 19811784 118 19191 (811) 88111 88111 88111	2 4 2 4 4 4 4 4 4
2950 LUCKIE R	OAD	2950 LUCKIE ROAD			
WESTON FL 33331 WESTON FL 33331				DO NOT WRITE IN THIS	S SPACE
				3. Date ncorporated or Qualifed	3 OF AGE
				03/17/1998	
2 Principal Pi	lace of Business	2a. Mailing Address		4 FELNumber	Applied For
21	add of Buomods	26		65-0833405	Nct Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	 This corporation owes the current year In Personal Property Tax. 	ntangible ☑Yes ☐No
24	25 9. Name and Address of Curr		30	10. Name and Address of New Registered	
	5. Ivalle and Address or dan	C. C. Coglotolou Aguil	81 Name		
PRIE	TO, FRANCISCO		OO Charat Add	(D.O. Day Number is Net Acceptable)	
2950	LUCKIE ROAD		82 Street Add	ress (P.O. Bcx Number is Not Acceptable)	
WES	STON FL 33331		83		
			84 65		85 Zip Code
			84 City	FI	L S Zip 1,5000
agent la	registered agent, or both, in the Sta im familiar with, and accept the obli	igations of, Section 607.0505, Flor	ida Statutes.	on's board of directors. I hereby accept the appoint	Simulation as regional as
SIGNATURE	Signature, typed or printed rame of registered a		Registered Agent signature re juire		
12.	OFFICERS A	AND DIRECTORS	13.	od when reinstating) DATE ADDIT ONS/CHANGES TO OFFICERS A	
12.	OFFICERS A		13. 1.1 TITLE		ND DIRECTC RS IN 12 Change Addition
12. TITLE NAME	OFFICERS A DPT PRIETO, FRANCISCO	AND DIRECTORS	13. 1.1 TITLE 12 NAME		
12. TITLE NAME STREET ADDFESS	OFFICERS A DPT PRIETO, FRANCISCO 2950 LUCKIE ROAD	AND DIRECTORS	13. 1.1 TITLE 1 2 NAME 1 3 STREET ADDRESS		
12. TITLE NAME STREET ADDFESS CITY-ST-ZIP	DPT PRIETO, FRANCISCO 2950 LUCKIE ROAD WESTON FL 33331	AND DIRECTORS	13. 1.1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3/ii), Floring Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation or the receiver or trustee empowered to execute this report as referred by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

954 385 7284