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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90010 045 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000027755 ✓

1. Corporation Name

**EQUIPART USA CORP.
9360 FONTAINEBLEAU BLVD. # 509
MIAMI, FL 33172**

Principal Place of Business

Mailing Address

**9360 FONTAINEBLEAU BLVD. # 509
MIAMI, FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/25/1998

4. FEI Number

65-0824125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

9360 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

Apt. # 509

City & State

MIAMI, FL

Zip

33172

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANCISCO AMADOR
9360 FONTAINEBLEAU BLVD. # 509
MIAMI, FL 33172**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9360 FONTAINEBLEAU BLVD. # 509

83

84 City
MIAMI,

FL

85 Zip Code
33172

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 **P** ☐ DELETE
NAME **MONTES, CARLOS**
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9360 FONTAINEBLEAU BLVD. # 509**
1.4 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **S** ☐ DELETE
NAME **AMADOR, FRANCISCO**
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **9360 FONTAINEBLEAU BLVD. # 509**
2.4 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

CARLOS MONTES-Secretary

4/27/99 305-228-7105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)