

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90010 024 \*\*\*550.00

DOCUMENT # P98000035365

1. Corporation Name

Empire Equipment International Corp

Principal Place of Business

Mailing Address

5401 Collins Ave  
Miami Beach, FL 33140

5401 Collins Ave  
Miami Beach, FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/98

2. Principal Place of Business

21 6800 Bird Rd #297

2a. Mailing Address

26 6800 Bird Rd #297

4. FEI Number

65-0830054

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Miami, FL 33155

Suite, Apt. #, etc.

27 Miami, FL 33155

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

25

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Arango, Arturo  
13120 S.W. 92 Ave  
Miami, FL 33145

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

15

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-02-99

305-401-5983

CR2E034 (11/98)