FILED

Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000074148

1. Corporation Name

MIAMI EQUIPMENT & TRUCKS, INC.

Principal Place	of Business	Ma	ailing Address											
2100 WEST 76TH STREET 2100 WEST 76TH STREET														
SUITE 403 SUITE 403									DO NOT WRITE	IN THIC	, SDACE			
HIALEAH FL 33016-5504 HIALEAH FL 33016-5504									DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed					
								J.	08/25/1998					
2. Principal Pl	ace of Business	2a.	Mailing Address	_				4.	FEI Number		<u></u>	Applie	ed For	
21		26							65-0860334		 		pplicable	
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #, etc.	. #, etc.				5.	Certificate of Status Desired [\$8.75 Fee	Add Requi		
City & State City & State								6.	Election Campaign Financing		\$5.0	0 ма	v Be	
23		28							Trust Fund Contribution			d to F		
Zip	Country	_	Zip	Co	untry	/		8.	This corporation owes the current	year Int	angible			
24	25	29		30					Personal Property Tax.	_	Yes		No	
	9. Name and Address of Curren	Regis	tered Agent					10.	Name and Address of New Reg	istered	Agent			
					81	N	lame						1	
	TNOY, JOSE				82	1	Street Addres	ee (F	P.O. Box Number is Not Acceptable	e)				
	WEST 76TH STREET				"	Ϊ ັ	Al Cot Fidale.	JG (1		-, 				
	E 403				83								{	
HIAL	EAH FL 33016-5504				L.	Ļ	514.				0.5 7:	ip Coo		
					84	1	City			FL	85 Zi	h Coc	1	
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obligat	of Florid	ta. Such change was a	iuthorize	d by	/ the	amed corpor corporation	ration s bo	n submits this statement for the pu pard of directors. I hereby accept t	rpose of he appoi	changing ntment as	its reg regisi	gistered tered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title	f applicable (NOTE	Registere	d Ager	nt sig	nature required v	when a	reinstating)	DATE				
12. OFFICERS AND DIRECTORS					13.				ADDITIONS/CHANGES TO OFFIC	CERS AN	ID DIREC	TORS	S IN 12	
TITLE	7/2/7		DELETE	1.11	TTLE						☐ Chang	ie	☐ Addition	
NAME	P/S/D			1.21	AME									
STREET ADDRESS	JOSE PORTNOY	~ m D	DDM #403	1.3 5	STREE	ET ADI	DRESS						}	
CITY-ST-ZIF	2100 WEST 76TH STREET #403 HIALEAH, FLORIDA 33016				1.4 CiTY-ST-ZiP									
TITLE			DELETE		MLE						Chang	je	☐ Addition	
NAME	T/D MICDALIA ALVARADO					2.2 NAME							1	
STREET ADDRESS	MIGDALIA ALVARADO 2100 WEST 76TH STREET # 403					2.3 STREET ADDRESS							ł	
CITY-ST-ZIP	HIALEAH, FLORID			2.4	CITY-S	ST-Z	JP		· -		7	_		
TITLE	MIMODALLY LOCKID	<u>., .</u>	☐ DELETE	3.11	TITLE						☐ Chang	e	☐ Addition	
NAME				3.21	NAME									
STREET ADDRESS				3.3 5	STREE	T ADI	DRESS						1	
CITY-ST-ZIP				3.4.	CITY-S	ST-Z)P			-				
TITLE			☐ DELETE	4.1	TITLE						☐ Chang	je	Addition	
NAME				4. 2	NAME		Ì							
STREET ADDRESS				438	STREE	ET ADI	DRESS							
CITY-ST-ZIP				4,4 (CITY-S	ST-ZI	p							
TITLE			☐ DELETE	5.1	TITLE						☐ Chang	je	Addition	
NAME				5.21	NAME									
STREET ADDRESS				5.3 9	STREE	ET AD	ORESS						{	
CITY-ST-ZIP				5.4 (CITY-S	ST-ZII	P							
TITLE		_	☐ DELETE	6.1	ITLE						Chang	1e ·	Addition	
NAME				6.21	VAME								J	
STREET ADDRESS				6.3 9	STREE	ET AD	ORESS						-	

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, one an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/99

(305)823-4373