

4-30-1999 3:14PM

FROM OCARIZ, GITLIN*ZOMER 305 444

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90001 042 ***158.75

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	
DOCUMENT # P98000107162			
1. Corporation Name <u>Equipment Management Corp.</u>			
Principal Place of Business		Mailing Address	
<u>8601 S.W. 129 Terrace</u> <u>Miami, FL 33156</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 <u>Same</u>	2a. Mailing Address	<u>December 28, 1998</u>	
Suite, Apt. #, etc.	26 <u>Same</u>	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	<u>65-0906818</u>	Not Applicable
23 City & State	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
28	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
29 Zip	30 Country	7. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25 Country		
26	27 Country		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>Luz Stella Dweck</u>		81 Name	
<u>8601 S.W. 129 Terrace</u>		82 Street Address (P.O. Box Number is Not Acceptable)	
<u>Miami, FL 33156</u>		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>President/Director/Secretary</u>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Luz Stella Dweck</u>	1.2 NAME	
STREET ADDRESS	<u>8601 S.W. 129 Terrace</u>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<u>Miami, FL 33156</u>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Luz Stella Dweck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

305-252-2121

Daytime Phone #