

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S67587** (3)  
1. Corporation Name  
**INTERNATIONAL EQUIPMENT & SUPPLY GROUP, INC.**



Principal Place of Business  
**INTERNATIONAL EQUIPMENT & SUPPLY GROUP, INC**  
**8433 N.W. 66TH STREET**  
**MIAMI FL 33166**  
**US**

Mailing Address  
**INTERNATIONAL EQUIPMENT & SUPPLY GROUP INC**  
**P. O. BOX 821098 N/A**  
**SOUTH FLORIDA FL 33082-1098**  
**US**

3. Date Incorporated or Qualified  
**07/19/1991**

3a. Date of Last Report  
**08/08/1996**

4. FEI Number  
**65-0277423**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 **8485 N.W. 74th St.**  
Suite Apt. #, etc.  
22  
City & State  
23 **Miami, Florida**  
Zip Country  
24 **33166** 25 **US**

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**LONDON, MARK S P.A.**  
**4030-C SHERIDAN ST.**  
**HOLLYWOOD FL 33021**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CAPT, WILLIAM M</b>			1.2 NAME			
STREET ADDRESS	<b>P. O. BOX 821098 N/A</b>			1.3 STREET ADDRESS			
CITY - ST - ZIP	<b>SOUTH FLORIDA FL</b>			1.4 CITY - ST - ZIP			
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GARNER, BILL M.</b>			2.2 NAME			
STREET ADDRESS	<b>P. O. BOX 821098 N/A</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>SOUTH FLORIDA FL</b>			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 do 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 proprietor 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, unchanged, or on an addition with an address.

SIGNATURE: *William M. Garner* **JAN. 13, 1996** **305-591-4265**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone #

CR2E034 (9/96)