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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

FILED Mar 19 1997 8:00am Secretary of State

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CUMENT # poration Name	S91298	

2-C RENTALS, INC.

rincipal Place of Business Mailing Address CARLOS HERRERA % CARLOS HERRERA								
2900 W. 84TH STREET. SUITE 20! 2900 W. 84TH STREET. SUIT HIALEAH FL 33016-4911 HIALEAH FL 33018-4919		TREET, SUITE 201	'E 201					
					3. Date Incorporated or Qualified 11/01/1991	3a. Date of Last Report 04/16/1996		
2. Principal Place of Busine	ess	28. Mailing Add	088			4. FEI Number 65-0317532		Applied For Not Applicable
27			Suite. Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
		City & State	ł-n ′		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip [29]	<u> </u>			8. This corporation has liability for intringible tax under s. 199.032, Florida Statutes Yes \(\bigve{Y} \) Yes \(\bigve{\text{U}} \) No		
9, Name	and Address of Curi	rent Registered Agent		1_,		10. Name and Address of New Reg	gistered A	\gent
HERRERA, CARLOS 2900 W. 84TH STREET SUITE 201		81	Name					
			82	Street Addre	Address (F.O. Box Number is Not Acceptable)			
HIALEAH FL 33	016			83				
				84	City		FL	85 Zip Gode
office or registered age	ent, or both, in the Sta	502 and 607,1508, Flori ale of Florida, Such char ligations of, Section 607	nge was authorize	ed by	the corporab	oration submits this statement for the poon's board of directors. Thereby acceptions	urpose of of the appo	changing its registered ointment as registered
SIGNATURE								

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DETETE Change Addition TITLE 1.1 TOLE HERRERA, CARLOS, JR. 1.2 NAME 2900 W. 84TH ST #201 STREET ADDRESS 13 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 C(TY+S) - Z(P DELETE Change Addition TITLE 21 THE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition 3.1 THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY- \$1-20° DLUETE Addition 4.1 THLE TITLE 4. 2 NAMI NAME STREET ADDRESS 4.3 STREET ACCRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51100 NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP 🔲 DELETE ☐ Change ___ Addition TITLE 6 1 HH 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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 eath; that I am an officer or director of the perpendicular 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 change, or on an attachment of the perpendicular trustees.

6.4 CHY-\$1-ZIP

CITY-ST-ZIP