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

PROFIT *CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name V13578

(2)

INTERNATIONAL EQUIPMENT SERVICES, INC.

Principal Place of Business	

Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



100 NE 39TH ST. 100 NE 39TH ST. MIAMI FL 33137 MIAMI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/12/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 58~1212280 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PASTERNACK, MARSHALL R. 1221 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 83 **MIAMI FL 33131** 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							<u> </u>
	Signature, typed or printed name of registered agent and title if appl	,		required when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANG	ES TO OFFICERS AN		
TITLE	D	☐ DELETE	1,1 TITLE			Change	Addition
NAME	KRAMS, STEVE		1.2 NAME	2000 C 10 Fi	\$ [0,00		
STREET ADDRESS	4211 BRAGANZA AVE		1.3 STREET ADDRESS	3604 001016	3 Carrie		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	3600 CURTE	3 <i>(</i> 37		
TITLE	V	DELETE	2.1 TITLE			☐ Change	Addition
NAME	REUSCH, DARA		2.2 NAME				
STREET ADDRESS	100 NE 29TH ST.		2.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		2. 4 CITY - ST - ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	1			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	1			
Street address			4.3 STREET ADDRESS				
CiTY-ST-ZIP			4.4 CITY - ST~ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP	1			ļ
TITLE		DETELE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	1			
STREET ADDRESS		. /	6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY-ST-ZIP				

I hereby certify that the information supplied with this filling 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 trusted-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 interchment with phy address.

SIGNATURE: