May 06, 1999 8:00 am Secretary of State

05-06-1999 90211 017 \*\*\*150.00

## 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 # V47274

1. Corporation Name

EQUIPM	ENT BUTER'S COMPANT,	INC.							
	(8)					{	/// <b>        </b>		
Principal Place of Business Mailing Address									
2101 SW 56 TERR 2101 SW 56 TERR HOLLYWOOD FL 33023 HOLLYWOOD FL 33023						DO NOT WRI	TE IN THIS	SPACE	
						Date Incorporated or Qualifed			
						06/25/1992			
Principal Place of Business     2a. Mailing Address						4. FEI Number		Ar	oplied For
21 26						65-0340103		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #,						5. Certifcate of Status Desired		\$8.75	Additional
22				5. Certificate of Status De			U	Fee Re	equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
2328			_			Trust Fund Contribution		Added	to Fees
Zip	Zip	Country			8. This corporation owes the curr	ent year Inta	angible		
24	25	2930	o]			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curre	nt Registered Agent		- ,		10. Name and Address of New F	tegistered /	Agent	
POT	ELLO TOCE		8	Nam	ne				
BOTELLO, JOSE 8418 CORAL WAY				2 Stre	et Addres	ss (P.O. Box Number is Not Accepta	ible)		
MIAMI FL 33155				13					
1916/11			°	3					
				14 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 copy the about attention of the corporation of									
office or n	egistered agent, or both, in the State	of Florida. Such change was auth	orized b a Statute	by the co	rporation	's board of directors. I hereby accep	of the appoir	itment as re	egisterea
									1
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: Re	gistered A	gent signatu	re required v	when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	DRS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE	Ē				Change	Addition
NAME	BRANDAO, EDUARDO		1.2 NAM	E					
STREET ADDRESS			1.3 STRE	EET ADDRE	ss				
CITY-ST-ZIP	FT LAUDERDALE FL 140		1.4 CITY	-ST-ZIP					
TITLE	D DELETE 2.1 T		2.1 TITLE	Ξ				Change	Addition
NAME	BRANDAO, EDUARDO 22N		2.2 NAM	E					
STREET ADDRESS	2600 NE 27 TERR		2.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	FT LAUDERDALE FL 2.49			-ST-ZIP				<del> </del>	
TITLE	☐ DELETE 3.11		3.1 TITLE	=				☐ Change	☐ Addition (
NAME	<del>-</del> -	3.2		E					
STREET ADDRESS			3.3 STR	ET ADDRE	ss				
CITY-ST-2IP			3.4. CITY-5						
TITLE	-	☐ DELETE	4.1 TITLE	•				Change	Addition
NAME		•	4. 2 NAM	NE.	1				
STREET ADDRESS			4.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP			4.4 CITY						
TITLE	#	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAM	E	1				

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: 4

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Date

Daytime Phone #

Change

Addition