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11/03/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 228605

1. Corporation Name
CALMAQUIP ENGINEERING CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2 SO BISCAYNE BLVD.
 3400 ONE BISCAYNE TOWER
 MIAMI FL 33131

Mailing Address
 2 SO BISCAYNE BLVD.
 3400 ONE BISCAYNE TOWER
 MIAMI FL 33131

3. Date Incorporated or Qualified
10/02/1959

4. FEI Number
59-0877459

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES
 2 SO BISCAYNE BLVD.
 3400 ONE BISCAYNE TOWER
 MIAMI FL 33131

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

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	VD	<input type="checkbox"/> DELETE
NAME	DIAZ DE VILLEGAS, RENE	
STREET ADDRESS	283 HARBOR CT	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AMEZAGA, JAVIER	
STREET ADDRESS	8421 S.W. 84TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PAZ, ARMANDO	
STREET ADDRESS	4920 S.W. 85TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, RAUL J.	
STREET ADDRESS	144 ISLA DORADA BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIAZ DE VILLEGAS, RENE	
1.3 STREET ADDRESS	6201 S.W. 50 ST.	
1.4 CITY-ST-ZIP	MIAMI, Florida 33155	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AMEZAGA, JAVIER	
2.3 STREET ADDRESS	3156 Virginia Street	
2.4 CITY-ST-ZIP	Coconut Grove, Florida 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GUTIERREZ, RAUL J.	
4.3 STREET ADDRESS	1450 S. Bayshore Drive # 1210	
4.4 CITY-ST-ZIP	MIAMI Florida 33131	
5.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RAFAEL PORTELA	
5.3 STREET ADDRESS	283 HARBOR CT.	
5.4 CITY-ST-ZIP	KEY BISCAYNE, FL. 33149	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Raul J. Gutierrez* **RAUL J. GUTIERREZ** 2-10-99 305-592-4510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)