

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # G97296 (9)**  
 1. Corporation Name  
**AIREQUIP INDUSTRIAL, INC.**



Principal Place of Business Mailing Address

~~2400 SPAIN BLVD  
 PO BOX 2814  
 HIALEAH FL 33013  
 US~~

~~PO BOX 2814  
 PO BOX 2814  
 HIALEAH FL 33012  
 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/26/1984**

2. Principal Place of Business 2a. Mailing Address

21 **11117 Okeechobee Road** 26 **P.O. BOX 825512**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **#4215** 27

City & State City & State

23 **Hialeah Gardens** 28 **SOUTH FLORIDA, Florida**

Zip Country Zip Country

24 **33016** 25 **Dade** 29 **33082-5512** 30 **Broward**

4. FEI Number Applied For

**59-2412630** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CARDENAS, ARMANDO**  
**4235 EAST 9 LANE**  
**HIALEAH FL 33013**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

10. Name and Address of New Registered Agent

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

TITLE  DELETE

NAME **DP GOENAGA, BEATRIZ**

STREET ADDRESS **241 NW 217 WAY**

CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE  DELETE

NAME **GOENAGA JR, ARNALDO**

STREET ADDRESS **241 NW 217 WAY**

CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

NAME **VS SAUL MILIAN JR**

1.2 NAME

1.3 STREET ADDRESS **6816 SW 12 St.**

1.4 CITY-ST-ZIP **Pembroke Pines, Florida 33016**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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

SIGNATURE *Beatriz Goenaga* 04/17/98 (954) 430-8346

CR2E034 (10/97)