FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

ANNOAL HE	O
1996	

DOCUMENT #
1. Corporation Name

M59165

(4)

CALMAQUIP INVESTMENTS CORPORATION

Principal Place o	of Business	Mailing Address		<u></u>					
7240 NW 12* Miami FL 33	***.=	7240 NW 12TH ST. Miami Fl 33126-1909							
					3. Date Incorporated or Qualified 09/16/1987	1	of Last Rep 1/30/19	95	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0031633		<u></u>	ot Applicable	
Suite, Apt. #,	etc	Suite, Apt. #, etc.						Additional	
22	, 0.0.	27			5. Certificate of Status Desired		Fee R	equired	
City & State City & Sta			& State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Coi	untry	8. This corporation has liability for	intangible ta			
24	25	29	30		Florida Statutes 🔲 Yes	□ No		,	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F	Registered A	gent		
				81 Name					
	QUIP ENGINEERING CORPOR	RATION		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
. —	W 12 ST.			83					
MIAMI	FL 33176			04			les Zin	Code	
				84 City		FL	1.		
or ranietara	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic n, and accept the obligations of, Se	nrida. Such change was author	ized by the	ove-named corpo corporation's boa	ration submits this statement for the pu ard of directors. I hereby accept the app	rpose of cha jointment as	nging its re registered	gistered office agent. I am	
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if andicable.	NOTE Registere	d Agent signature require	ed when reinstating)	D/.Tt.			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR		
TITLE	D	☐ DELETE	1.1	TITLE] Change	☐ Addition	
NAME	GUTIERREZ, RAUL J.		1.21	NAME					
STREET ADDRESS	7240 NW 12TH ST.		1.3 :	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	D DELEVE		CITY-ST-ZIP			7 Change	☐ Addition	
TITLE	D	☐ DELETE		TITLE			_ Onlinge		
NAME	PAZ, ARMANDO			NAME STREET ADDRESS					
STREET ADDRESS	7240 NW 12TH ST.			CITY-ST-ZIP					
CITY-ST-ZIP TITLE	D MIAMI PL	MIAMI FL DELETE] Change	Addition	
NAME	PORTELA, RAFAEL	_		TITLE NAME					
STREET ADDRESS	7240 NW 12TH ST.		3.3.	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4	CITY-ST-ZIP					
TITLE	D	☐ DELETE	4, 1	TITLE			Change	☐ Addition	
NAME	GUTIERREZ, JESUS			NAME					
STREET ADDRESS	7240 NW 12TH ST.		•	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	ריין הרו כדר		CITY-ST-ZIP		г	Change	Addition	
TITLE		DELETE				L			
NAME :			•	NAME STREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP					
CITY-ST-ZIP TITLE		DELETE		TITLE		[Change	Addition	
NAME		<u> </u>	62	NAME					
STREET ADDRESS				STREET ADDRESS					
CITY OT TIP			6.4	CITY-ST-ZIP					
14. I do hereb certify that	t the information indicated on this at I am an officer or director of the co Block 12 or Block 13 if changed, (nnual report or supplemental a rporation or the receiver or trus or on an attachment with an ac	nnuai repor stee empow		for the exemption stated in Section 11strate and that my signature shall have the his report as required by Chapter 607, I				
SIGNAT	TIRE Jaka	el Tentela			3/15/94				

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/94 Date

Dayt me Phone #