SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000003685 (2)

1. Corporation Name

ALQUIP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
202 SUNRISE DRIVE SUITE D MIAMI FL 33149	202 SUNRISE DRIVE SUITE D MIAMI FL 33149

	2. Principal Place of Business		2a. Mailing Address
21	7743 SW 86 St.	26	7743 SW 86 St.
22	Suite, Apt #, etc.: Suite D127	27	Suite, Apt #, etc: Suite D127
23	City & State: Miami, Fl	28	City & State: Miami, Fl.
24	Zip: 33143	29	Zip: 33143
25	Country: U.S.A.	30	Country: U.S.A.

3. Date Incorporated or Qualified: **01/14/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0462927** ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LARREA, AQUILINO
202 SUNRISE DRIVE
SUITE D
MIAMI FL 33149

10. Name and Address of New Registered Agent

81 Name: Larrea, Aquilino
82 Street Address (P.O. Box Number is Not Acceptable): 7743 SW 86 Street
83 Suite D127
84 City: Miami FL 85 Zip Code: 33143

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: A Larrea / Aquilino Larrea — DATE: 7/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☑ DELETE
NAME	LARREA, AQUILINO	
STREET ADDRESS	202 SUNRISE DRIVE, STE D	
CITY-ST-ZIP	MIAMI FL 33149	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	☑ Change ☐ Addition
1.2 NAME	Larrea, Aquilino	
1.3 STREET ADDRESS	7743 SW 86 St., Suite D127	
1.4 CITY-ST-ZIP	Miami, Fl. 33143	
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		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A Larrea — 7/29/96 — (305)361-5806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0052442 CP