

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90002 031 ***158.75

DOCUMENT # P94000020705

1. Corporation Name

CALMAQUIP CONSTRUCTION CORPORATION

Principal Place of Business

C/O GJ FERNANDEZ-QUINCOCES
TWO SOUTH BISCAYNE BLVD., STE 3400
MIAMI FL 33131-1897
US

Mailing Address

C/O GJ FERNANDEZ-QUINCOCES
TWO SOUTH BISCAYNE BLVD., STE 3400
MIAMI FL 33131-1897
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/17/1994

4. FEI Number

65-0488490

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
TWO SOUTH BISCAYNE BLVD.
SUITE 3400; ONE BISCAYNE TOWER
MIAMI FL 33131-1897

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE
NAME GUTIERREZ, RAUL J
STREET ADDRESS TWO SOUTH BISCAYNE BLVD., STE 3400
CITY-ST-ZIP MIAMI FL 33131-1897

TITLE D ☐ DELETE
NAME DE VILLEGAS, RENEE D
STREET ADDRESS TWO SOUTH BISCAYNE BLVD., STE 3400
CITY-ST-ZIP MIAMI FL 33131-1897

TITLE TD ☐ DELETE
NAME PAZ, ARMANDO
STREET ADDRESS TWO SOUTH BISCAYNE BLVD., STE 3400
CITY-ST-ZIP MIAMI FL 33131-1897

TITLE VSD ☐ DELETE
NAME PORTELA, RAFAEL
STREET ADDRESS TWO SOUTH BISCAYNE BLVD., STE 3400
CITY-ST-ZIP MIAMI FL 33131-1897

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Raul Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-99 (305) 592-4510

CR2E034 (11/98)