Entity Name²;

CALMAQUIP CONSTRUCTION CORPORATION

Principal Place of Business										
200 S. B.		BLVD	4100	FLOO						

Mailing Address

200 S. BISCAYNE BLVD., 4100 FLOOR MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

|--|

DO NOT WRITE IN THIS SPACE

City & State		City & State	City & State		4. FEI Number 65-0488490 Applied For			Applied For	
		1			00 0100 100			Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	X		75 Additional Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
PINE CORPORATE SERVICES INC			Name						
RJVF CORPORATE SERVICES, INC. 200 S. BISCAYNE BLVD., 41 FLOOR MIAMI FL 33131			=	Street Address (P.O. Box Number is Not Acceptable)					
				City		FL	Zip	Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

SIGNATURE

(See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change TITLE PD NAME **GUTIERREZ, RAUL J** NAME Gutierrez, Raul J. STREET ADDRESS TWO SOUTH BISCAYNE BLVD., STE 3400 STREET ADDRESS 200 S.Biscayne Blvd., Ste.# 4100 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-1897 <u>Miami, Florida 33131</u> TITLE Delete TITLE VPD De Villegas, Renee D DE VILLEGAS, RENEE D NAME NAME 200 S. Biscayne Blvd., Ste.# 4100 STREET ADDRESS STREET ADDRESS TWO SOUTH BISCAYNE BLVD., STE 3400 CITY-ST-ZIP Miami, Florida 33131 CITY-ST-ZIP MIAMI FL 33131-1897 **▼** Change TITLE TD Delete TITLE ☐ Addition TD PAZ, ARMANDO NAME NAME Paz, Armando STREET ADDRESS TWO SOUTH BISCAYNE BLVD., STE 3400 STREET ADDRESS 200 S. Biscayne Blvd., Ste.# 4100 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-1897 Mi<u>ami, Fl 33131</u> TITLE __ Delete ___ TITLE . VSD_____ Addition PORTELA, RAFAEL NAME NAME Portela, Rafael STREET ADDRESS TWO SOUTH BISCAYNE BLVD., STE 3400 STREET ADDRESS 200 S. Biscayne Blvd., Ste.# 4100 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-1897 Miami, Florida 33131 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR