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

PROFIT CORPORATION ANNUAL REPORT

**19999** 2000



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000034090

1. Corporation Name

EQUIPMENT AND TURBINES CORPORATION, INC.

Principal Place of Business

Mailing Address

12934 S.W. 133 COURT, SUITE A

## FILED May 22, 2000 8:00 am Secretary of State

05-22-2000 90034 017 \*\*\*150.00

956390

Suite, Apt. #. etc.   28   Suite, Apt. #. etc.   58.75 Addit   58.75 Add	MLAML,	<del> Fb33186-</del>				DO NOT WRITE IN TH	IIS SPACE	
Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27						3. Date incorporated or Qualifed 05/02/1995		
Suite, Apt. #, etc.							Ap	plied For
City & State    City & State   City	8000	8000 N.W. 56 STREET   26				65-0582087	No.	t Applicable
City & State   Country   2/p   Country   Struct Fund Contribution   Added to Fee	Suite, Apt. #	· ——				5. Certifcate of Status Desired		
MIAMI, FL 28  Country 29 3166  Country 29 30  R. This corporation were the current year intangible personal Property Tax.  Name and Address of Current Registered Agent  BLAS M. LOPEZ 6-21 SANTANDER AVE \$4  CORAL GABLES, FL 33134  BARRET ADDRESS  STO LOPEZ, ENCC  12 NAME 12 NAME 12 NAME 13 NAME 14 City 15 LOPEZ, ENCC  12 NAME 14 City 16 LOPEZ, ENCC  17345 S.W. 88 CT.  13 STREET ADDRESS 15 LOPEZ, BLAS M.  15 LOPEZ, BLAS M.  16 Change 17 LOPEZ, BLAS M.  17 LOPEZ, BLAS M.  18 LOPEZ SLANTANDER AVE \$4  CORAL GABLES, FL 33134  BARRET ADDRESS 15 LOPEZ, BLAS M.  16 LOPEZ, BLAS M.  17 LOPEZ, BLAS M.  18 LOPEZ, BLAS M.  19 LOPEZ, BLAS M.  19 LOPEZ, BLAS M.  10 Name and Address of New Registered Agent Burbles of Not Acceptable)  18 STD LOPEZ, BLAS M.  19 LOPEZ, BLAS M.  10 DELETE  10 DELETE  11 THE 12 NAME 12 NAME 13 STREET ADDRESS 15 LOPEZ, BLAS M.  15 LOPEZ, BLAS M.				327	<del></del>	6 Flection Campaign Financing	\$5.00	May Re
The Country 33166   Zs   USA   Zs   Say						11		
33166 25 USA 29 30 Personal Property Tax.	Ip	Country				8. This corporation owes the current year	Intangible	
9. Name and Address of Current Registered Agent  BLAS M. LOPEZ  521 SANTANDER AVE \$4  CORAL GABLES, PL 331.34  83		USA USA	29	30			•	<b>X</b> ]No
BLAS M. LOPEZ 521 SANTANDER AVE \$4  CORAL GABLES, FL 33134  84 City FL 85 Zip Code  B1 Name  S2 Street Address (P.O. Box Number is Not Acceptable)  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 STP  Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registed 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 registed agent, and familier with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  STD  LOPEZ, BNCC  117ME  12NME  11NTL  12NME  14.00T-51-ZP  14.00T-51-ZP  15 IT ADDRESS  ST-ZP  ORAL GABLES, FL 331.34  OELETE  13 STREET ADDRESS  14.00T-51-ZP  OELETE  14 TITLE  Change  Chan			<del></del>			10. Name and Address of New Registers	ed Agent	
Santander   Ave	nese w			8	1 Name			
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE    Signature, Typed or printed name of registered agent and title if applicable.				_		Address (D.O. Des Neurolas in Net Assessable)		
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE  Signature, Speed or printed name of registeried agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  STD  LOPEZ, ENOC  12.NAME  12.NAME  12.NAME  14.CITY.ST.ZIP  DELETE  21.TITLE  Change  Change  CHADORESS  ST.ZIP  DELETE  31.STREET ADDRESS  34.CITY.ST.ZIP  DELETE  31.STREET ADDRESS  34.CITY.ST.ZIP  DELETE  41.TITLE  Change  Change  CHADORESS  ST.ZIP  DELETE  51.TITLE  Change  CHANGESS  ST.ZIP  DELETE  51.STREET ADDRESS  ST.ZIP  DELETE  51.STREET ADDRESS  ST.ZIP  DELETE  51.STREET ADDRESS  ST.ZIP  DELETE  51.STREET ADDRESS  52.DAME  53.STREET ADDRESS  54.CITY.ST.ZIP  DELETE  51.STREET ADDRESS  54.CITY.ST.ZIP  DELETE  51.STREET ADDRESS  54.CITY.ST.ZIP  CHANGE  CHANGE  CHANGESS  55.ZIP  DELETE  51.STREET ADDRESS  55.ZIP  DELETE  52.NAME  52.NAME  53.STREET ADDRESS  54.CITY.ST.ZIP  DELETE  52.NAME  53.STREET ADDRESS  54.CITY.ST.ZIP  CHANGE		——————————————————————————————————————		82	Street	Address (P.O. Box Number is Not Acceptable)		
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 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 agent and accept the obligations of . Section 607.0505, Florida Statutes.  NATURE    NATURE   (NOTE: Respected Agent agen	CORAL	GABLES, FL 33134		8:	3			
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 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE  OFFICERS AND DIRECTORS  STD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  STD  LOPEZ, BNOC  12.NAME  12.NAME  14.OTY-ST-ZEP  DELETE  11.TITLE  Change  CHANGESS  ST-ZEP  DELETE  14.TITLE  Change  CHANGESS  ST-ZEP  DELETE  15.TITLE  Change  CHANGESS  33.STREET ADORESS  ST-ZEP  DELETE  4.TITLE  Change  CHANGESS  34.CITY-ST-ZEP  DELETE  4.TITLE  Change  CHANGESS  4.4 CITY-ST-ZEP  DELETE  5.TITLE  Change  CHANGESS  5.3 XMME  CHANGESS  6.4 CITY-ST-ZEP  DELETE  6.1 TITLE  Change  CHANGES  CHANGESS  6.4 CITY-ST-ZEP  DELETE  6.1 TITLE  Change  CHANGESS  6.5 CITY-ST-ZEP  DELETE  CHANGE	-							
Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its regisficagent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regisficagent. I am familier with, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE    Signature, types or printed numer of impatement agent and title if applicable.   (NOTE Registered Agent agreature required when renotating)   DATE	•			84	4 City		85 Zip (	Code
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 register agent, and accept the obligations of, Section 607.0505, Florida Statutes.  NATURE    Signature, typed or printed name of registered agent and signature required when reinstating)   DATE								<del></del>
STD	NATURE 5	Ignature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Ag	ent signature	required when reinstating) DATE		
LOPEZ	- 1	<del></del>		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
LOPEZ, ENOC   17345 S.W. 88 CT.   13 STREET ADDRESS   14 CITY-ST-ZIP	- · - T	STD	☐ DELETE	1.1 TITLE			☐ Change	Addition Addition
### ADDRESS   17345 S.W. 88 CT.   13 STREET ADDRESS   14 CITY-ST-ZIP   PD				1.2 NAME				
MTANT	ET ADDRESS	· ·		1.3 STREI	ET ADDRESS			
PD				1.4 CITY-	ST-ZIP	ļ		
### ### ##############################	1		☐ DELETE	2.1 TITLE			Change	☐ Additi
### ##################################		LOPEZ, BLAS M.		2.2 NAME				
CORAL GABLES, FL 331.34   2.4 CITY-ST-ZIP   Change   Ch	ET ADDRESS	_	#4	2.3 STREE	ET ADDRESS			
DELETE   31 TITLE   Change				2.4 CITY-	ST- ZIP		-	
32 NAME   33 STREET ADDRESS   ST-ZIP   DELETE   4.1 TITLE   Change   Chan	-	COTTE CALLED, ALL					Change	Addition
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5.4 CITY-ST-ZIP    DELETE   6.1 TITLE   Change     6.2 NAME     6.2 NAME     6.3 NAME     6.3 NAME     6.3 NAME     6.3 NAME     6.4 NAME     6.5 NA				5.2 NAME				
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CACTURET INDUSTRIA				6.2 NAME			_	
ET ADDRESS   1 0.3 STREET ADDRESS	ET ADDRESS			6.3 STREE	ET ADDRESS			
6.4 CITY-ST-ZIP		1						

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 suppliemental 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:

BLAS M. LOPEZ

04/26/00

(305) 594-2800

Daytime Phone #

R2E034 (11/98