

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90124 043 ***150.00

DOCUMENT # P95000079989

1. Corporation Name
EQUIPMENT AND TURBINES ENGINEERING CORP.



Principal Place of Business

12934 SW 133RD CT
SUITE A
MIAMI FL 33186
US

Mailing Address

17345 SOUTHWEST 88 COURT
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1995

4. FEI Number

65-0615137

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 12934 S.W. 133 COURT

Suite, Apt. #, etc.

27 SUITE A

28 City & State

MIAMI, FL

29 Zip

33186

Country

30

9. Name and Address of Current Registered Agent

ROMAN, OSWALDO J
14620 S.W. 144TH CT.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

ENOC LOPEZ

82 Street Address (P.O. Box Number is Not Acceptable)

17345 S.W. 88 STREET

83

84 City

MIAMI

85 State

FL

Zip Code

33157

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

ENOC LOPEZ

04/22/99

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
NAME LOPEZ, ENOC
STREET ADDRESS 17345 SOUTHWEST 88 COURT
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE STD
NAME ROMAN, OSWALDO J
STREET ADDRESS 14620 S.W. 144TH CT.
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE STD
2.2 NAME BLAS M. LOPEZ
2.3 STREET ADDRESS 521 SANTANDER AVE #4
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/99

(305) 256-4354

Date

Daytime Phone #

CR2E034 (1/198)

0231589