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PROFIT CORPORATION ANNUAL REPORT

1997



FLOBIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # S42474

(4)

ALQUIP SUPPLY CO., INC.

Principal Place of Business Marling Address 1825 SW 125TH CT. 1825 SW 125TH CT. MIAMI FL 33175 MIAMI FL 33175-1415 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1991 01/25/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0259633 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žιρ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 30 Florida Statutes 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHN A. LURVEY 3440 HOLLYWOOD BLVD., SECOND FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 400 HOLLYWOOD FL 33021 83 84 City 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 rog steroid 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, ham famour with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, typical or printed harve of regions adapter and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 11 THLE Change Addition JOSE MARTINEZ NAME 1.2 NAME 1825 SW 125TH CT. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE 2 1 TITLE Change Addition THLE FERNANDEZ, MANUEL NAME 2.2 NAME 8440 SW 29TH ST. 2 3 STREET ADDRESS **MIAMI FL** CMY-ST-ZIP 2 4 CITY-ST-ZIP VD DELETE THILE 31 TITLE Change Addition MARTINEZ, OLGA NAME 3.2 NAME 1825 SW 125TH CT. STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33175** CHTY-ST-7IP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition FERNANDEZ, OLGA M. NAME 4. 2 NAME 8440 SW 29TH ST. STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY- ST- ZIP 5.4 CITY-ST-ZIP DELETE Addition TI*LE 6.1 MHF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

information included on this annual report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arm 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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/97 (305) 224-5401

FILED

Jan 14 1997 8:00am

Secretary of State

R2F034 (9/96)