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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G52026 1. Corporation Name

TEJERA MICROSYSTEMS ENGINEERING, INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90045 041 ***150.00

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Principal Place	of Business	Mailing Address		, , ,		i ilitii oner mill desimin			4.E() 6.6() (4.8)
P.O. BOX 340608 P.O. BOX 340608									
TAMPA FL 33694 TAMPA FL 33694						DO NOT WRITE IN THIS SPACE			
					3	3. Date Incorporated or Qualife			
					"	08/01/1983	, -		
2 Principal B	ace of Business	2a. Mailing Address		-	- 14	1. FEI Number			pplied For
	ace of Edsiriess	26				59-2312124		<u> </u>	ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	,, 5.5.	27			5	5. Certifcate of Status Desired		Fee R	equired
City & State	9	City & State			6	6. Election Campaign Financing	g 🗆	\$5.00	May Be
23		28				Trust Fund Contribution	_		to Fees
Zip _	Country	Zip		-	8	3. This corporation owes the cu	irrent year Int		
24	25	29 3	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent		T	10	D. Name and Address of New	Registered	Agent	
TE 15	TO A ALBERT D		81	Name					
	ra, albert r 1 Country LK. Dr.		82	Street A	Address ((P.O. Box Number is Not Acce	ptable)		
	PA FL 33624		-						
[IAMI	FA FL 33024		83	1					
			84	City	.		FL	85 Zip	Code
		0 1007 4500 Ft. 134 Ch. 144	455	o namad a		on submits this statement for the	no nurnose of	changing its	s registered
) office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change was au	inonzea ov	r the corbo	ration's I	board of directors. I hereby acc	cept the appoi	ntment as re	egistered
agent. I ai	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statute:	s.					
CICHATURE									
SIGNATURE		AOTE 6	Pagistared Age	ot signature re	actived when	n reinstating)	DATE		—— \
	Signature, typed or printed name of registered agen		Registered Age	nt signature re	equired wher	n reinstating) ADDITIONS/CHANGES TO (DATE OFFICERS AN	ID DIRECT	ORS IN 12
12.	OFFICERS AN	at and title if applicable. (NOTE: F D DIRECTORS DELETE	13.	nt signature re	equired wher	n reinstating) ADDITIONS/CHANGES TO (ID DIRECT	ORS IN 12
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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

IGRATURE AND TYPES OF PRINTES NAME OF SIGNING OPFICER OR DIRECTOR

9 8 8-965-851 Pate Davime Phone # CR2E034 (11/9)