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

ROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$33122

1. Corporation Name

TECUN INTERNATIONAL CORPORATION

					~	0		
6555	NW 36 ST. #301	Mailing Address 6555 NW 36 ST. #301 MIAMI, FL. 33166			DO NOT WRITE IN THIS	S SPACE		
		·			3. Date Incorporated or Qualifed 02/20/1991			
2. Principa	al Place of Business	2a. Mailing Address			4. FEI Number		Appli	ed For
21		26			65-0245951	Not Applicable		
	\pt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required			
City & 5	State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29 30	Country		This corporation owes the current year in Personal Property Tax.	tangible Yes]No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MIT PRODUCTS & SERVICE INC. 6555 NW 36TH STREET STE. 301				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FLORIDA 33166			83					
			84	City	Fl	85	Zip Cod	de
office	or registered agent, or both, in the State of I am familiar with, and accept the obligati	f Florida. Such change was authons of, Section 607.0505, Florida	orized by Statutes	Terral	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apportunity of the purpose of	intmeni a	as regis	Refed
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	
TITLE	P/D/S/T	☐ DELETE	1.1 TITLE			Cha	nge	Addition Addition
NAME	PENAGOS, MARIANO		1.2 NAME					

STREET ADDRESS 8620 NW 3RD LANE #6 1.3 STREET ADDRESS MIAMI, FL. 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP poplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information this pental 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 an interpret property of the control of the cutoffic report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the inform indicated on this annual repo officer or director of the corpo Block 12 or Block 13 if change

6.4 CITY-ST-ZIP

SIGNATURE: \(\frac{1}{2}\)

Addition

May 06, 1999 8:00 am Secretary of State

05-06-1999 90018 048 ***150.00

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