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

DOCUMENT # P97000091825 1. Corporation Name

TURBINE ENGINE MANAGEMENT SERVICES, INC.

Principal Place of Business 9010 SW 56TH STREET MIAMI FL 33165 Mailing Address

9010 SW 56TH STREET MIAMI FL 33165

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90094 030 ***150.00



DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 21 6866 SW 131 S Cowl		2a. Mailing Address 26 6866 SW 1313 Court			<i>}</i>	4. FE! Number			 	pplied For ot Applicable
		26 60 00 0 Suite, Apt. #, etc.				65-0789940				
22	27				5	5. Certifcate of Status Desired S8.75 Additional Fee Required				
City & State City & State 23 MIAM 7			FL -				Election Campaign Financing Frust Fund Contribution \$5.00 May Be Added to Fees.			
Zip Country Zip			Cou	ntry	8	8. This corporation owes the current year Intangible				
24 33183 25 29 33183			30	30		Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent		541 ··		Name and A	ddress of New	Registere	d Agent	
1 41/5		181 Name RACHID LAKEB								
LAKEB, RACHID				82 Street Address (P.O. Box Number is Not Acceptable)						
	SW 56TH STREET									
MIAN	MI FL 33165		83 6866 SW 13187 Cour							
				84 City •	-				. 85 Zip	Code
`		·		J. J. V	NIAN	A I		<u> </u>	<u>L 3</u>	3183
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Sta	utes, the a	bove-named	corporation's	on submits this	statement for the	purpose	of changing it	s registered
oπice or re agent, I a	egistered agent, or both, in the State of m familier with, and accept the obligation	ns of, Section 607.0505, F	lorida Stat	utes.	orauOIIS E	oaid oi dii eclo	· ·			· ' ,
SIGNATURE	yaver	LAKEB						24 = 1	9-9	9
SIGNA PORE	Signature, typed or printed name of registered agent a	<u> </u>	TE: Registered	Agent signature re	equired when			DATE		
12.	, OFFICERS AND		13.			ADDITIONS/C	HANGES TO OF	FICERS		
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14. I hereby o	certify that the information supplied with	this filing does not qualify	for the exe	mption stated	u in Sectio	n 119.0/(3)(i), Il bave the sam	rionda Statutés.	i turther (if made u	nder oath: the	inioniation

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-99

Daytime Phone #

CR2F034 (44/98) -