

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 # F24275

1. Corporation Name

TEAK WORKS MARINE MANUFACTURING CORP.

Principal Place of Business

% ANGEL M QUESADA
3582-A NW 52ND ST
MIAMI FL 33142

Mailing Address

% ANGEL M QUESADA
3582-A NW 52ND ST
MIAMI FL 33142

2. Principal Place of Business

21 3582-A NW 52 ST.

2a. Mailing Address

26 3582-A NW 52 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI - FL.

City & State

28 MIAMI - FL.

Zip

Country

24 33142

25 U.S.A.

Zip

Country

29 33142

30 U.S.A.

9. Name and Address of Current Registered Agent

QUESADA, ANGEL M
1412 NW 23RD STREET
MIAMI FL 33142

3. Date Incorporated or Qualified

03/27/1981

4. FEI Number

59-2081837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

QUESADA Angel M.

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

3582-A NW 52 ST.

83

84 City

MIAMI

FL

85 Zip Code

33142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME QUESADA, ANGEL M
STREET ADDRESS 2939 NW 13TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE STD
NAME QUESADA, JULIA J
STREET ADDRESS 2939 NW 13TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD QUESADA, ANGEL M.

☒ Change

☐ Addition

1.2 NAME

940 W 39 PL.

1.3 STREET ADDRESS

MIAMI, FL 33012

1.4 CITY-ST-ZIP

2.1 TITLE

STD.

☒ Change

☐ Addition

2.2 NAME

QUESADA, JULIA J

2.3 STREET ADDRESS

940 W 39 PL.

2.4 CITY-ST-ZIP

MIAMI, FL 33012

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Angel M. Quesada*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/99 (305) 634-0131
Date Daytime Phone #