

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

FILED  
Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90008 028 \*\*\*150.00

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1. Corporation Name

TESSADA & ASSOCIATES, INC.

Principal Place of Business

8550 CINDER BED RD., STE 1000  
NEWINGTON VA 22122-8550

Mailing Address

8550 CINDER BED RD., STE 1000  
NEWINGTON VA 22122-8550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

4. FEI Number

~~54-1213415~~ 52-1986126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

☐

Yes ☐ No

2. Principal Place of Business

21 8530 Cinder Bed Rd.

2a. Mailing Address

26 8530 Cinder Bed Rd.

Suite, Apt. #, etc.

27 Suite 1400

City & State

28 Newington, VA

Zip

29 22122

Country

30 USA

22 Suite 1400

City & State

23 Newington, VA

Zip

25 USA

Country

26 Newington, VA

Zip

27 22122

Country

28 USA

9. Name and Address of Current Registered Agent

MILLER, ARTHUR J  
1700 SW 57TH AVE STE 209  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PCD  
STREET ADDRESS TESSADA, ENRIQUE A  
CITY-ST-ZIP 8550 CINDER BED RD., STE 1000  
NEWINGTON VA

TITLE ☐ DELETE

NAME VST  
STREET ADDRESS BROMEN, ROGER  
CITY-ST-ZIP 8550 CINDER BED RD., STE 1000  
NEWINGTON VA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD ☒ Change ☐ Addition

1.2 NAME Tessada, Enrique A

1.3 STREET ADDRESS 8530 Cinder Bed Rd., STE. 1400

1.4 CITY-ST-ZIP Newington, VA 22122

2.1 TITLE VST ☒ Change ☐ Addition

2.2 NAME Broman, Roger

2.3 STREET ADDRESS 8530 Cinder Bed Rd. Ste. 1400

2.4 CITY-ST-ZIP Newington, VA 22122

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99 (703) 550-2401

CR2E034 (11/98)