

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90022 010 ***158.75

DOCUMENT # **G62458**

1. Corporation Name

TECHNICAL ENGINEERING SERVICES, INC.

Principal Place of Business

**18341 N.E. 7 COURT
NORTH MIAMI BEACH FL 33179**

Mailing Address

**18341 N.E. 7 COURT
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1983

4. FEI Number

59-2369610

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 **8322 N.W. 68th STREET**

2a. Mailing Address
26 **P.O. BOX 693963**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 **MIAMI, FLORIDA**

City & State
28 **MIAMI, FLORIDA**

Zip Country
24 **33166** 25 **USA**

Zip Country
29 **33269-0963** 30 **USA**

9. Name and Address of Current Registered Agent

**CASTILLO, MARIA L
18341 NE 7 CT
NO MIAMI BCH FL 33179**

10. Name and Address of New Registered Agent

81 Name
ALMA V. CASTILLO

82 Street Address (P.O. Box Number is Not Acceptable)
8322 N.W. 68th STREET

83

84 City
MIAMI, FLORIDA

85 Zip Code
FL 33166

11. Pursuant to the provisions of Sections 607.0592 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, within 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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

ALMA V. CASTILLO/PRESIDENT

1/18/99

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	VSD	<input type="checkbox"/> DELETE
NAME	CASTILLO, ALMA V	
STREET ADDRESS	18341 N.E. 7 CT.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CASTILLO, MARIA L	
STREET ADDRESS	18341 N.E. 7 CT.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALMA V. CASTILLO	
1.3 STREET ADDRESS	375 WEST CYPRESS COVE CIRCLE	
1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33325	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIA L. CASTILLO	
2.3 STREET ADDRESS	18341 N.E. 7th.COURT	
2.4 CITY-ST-ZIP	N.M.B., FLORIDA 33179	
3.1 TITLE	VICE-PRESIDENT/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JORGE A. CASTILLO	
3.3 STREET ADDRESS	18341 N.E. 7th.COURT	
3.4 CITY-ST-ZIP	N.M.B., FLORIDA 33179	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 sole owner 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 Block 13 if added, with an address, with all other like empowered.

SIGNATURE:

ALMA V. CASTILLO

1/18/99

(305) 392-5090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0258196