

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90044 007 ***150.00

DOCUMENT # J32763

1. Corporation Name
TEMASA, INC.

Principal Place of Business
289 COCONUT PALM RD
BOCA RATON FL 33432

Mailing Address
289 COCONUT PALM RD
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1986

4. FEI Number

65-0080709

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

21 510 PHILLIPS DR.

Suite, Apt. #, etc.

22

23 BOCA RATON FL

City & State

24 33432 25

Zip Country

2a. Mailing Address

26 P.O. Box 294261

Suite, Apt. #, etc.

27

28 BOCA RATON FL

City & State

29 33429-4261 30

Zip Country

9. Name and Address of Current Registered Agent

GUY, KORSIA

~~289 COCONUT PALM RD.~~

~~BOCA RATON FL 33432~~

510 PHILLIPS DR.

BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name Guy KORSIA

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

510 PHILLIPS DR.

83

84 City BOCA RATON

FL

85 Zip Code 33432

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 P ☐ DELETE

NAME KORSIA, GUY
STREET ADDRESS 289 COCONUT PALM RD
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ DELETE

NAME KORSIA, MICHELE REINE
STREET ADDRESS 289 COCONUT PALM RD
CITY-ST-ZIP BOCA RATON FL

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 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 510 PHILLIPS DR.

1.4 CITY-ST-ZIP BOCA RATON FL 33432 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 510 PHILLIPS DR.

2.4 CITY-ST-ZIP BOCA RATON FL 33432 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 15-99 (561) 394 8336

CR2E034 (11/98)