## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## FILED May 05, 1999 8:00 am

	ANNUAL REPORT		Secretary of State DIVISION OF CORPORATIONS				Secretary of State 05-05-1999 90147 034 ***150.00						
1. Corporation	MENT # KO	0180											
TEC IN	ADING, INC.												
Principal Place			Aailing Address					1 (1884)	<b>;0</b> 0}} <b>00</b> 7 <b>0</b> 1   14 <b>00</b> 1	ALEN MITTE MIĞIR DI	### BIBN 8###	JIEII <b>1</b>	
102-7A Miami Lakes FL 33016		10 M	102-7A Miami Lakes FL 33016 US						DO NOT WR		SPACE		
U\$	ace of Business		a. Mailing Address					. Date Incorporate 10/28/1987 . FEI Number			T A	oplied	l For
21 Suite, Apt.	·	26	1					65-0026985				ot Ap	plicable
22 City & State		27	City & State					. Certifcate of Sta			Fee Re \$5.00	equire	ed
Zip	Country	28	1 <sup>*</sup>	Country				Trust Fund Con  This corporation	tribution	<del></del>	Added		
24	25 9. Name and Addres	29	3	`				Personal Proper	rty Tax.		Yes		10
	9, Name and Addres	ss of Current Regi	Stered Agent	81	1	Name		. 142.110 0110 7100	1000 01 11011	g.s.			
CALAZANS, HERIQUE DE SOU 14847 BALGOWAN RD					2	Street A	ddress (	P.O. Box Number	is Not Accept	table)			
102-7A					<u>3</u>					<del></del>			
MIAN	II LAKES FL 33016			84	$\perp$	City		<u></u>		FL	85 Zip	Code	<del></del>
11. Pursuant	to the provisions of Secti	ons 607.0502 and	607.1508, Florida Statutes rida. Such change was aut	, the abov	ve-r	named c	orporatio	on submits this sta	tement for the	e nurnose of	changing its	regis	stered
agent, l a	egistered agent, or both, m familiar with, and acce	pt the obligations of	of, Section 607.0505, Florid	da Statute	y :5.	ie curpur	allons	oold of directors.	THEFEBY ACC	pt the appoi	nanone as re	-g.0.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Signature, typed or printed name	of registered agent and titl	e if applicable. (NOTE: F	Registered Age	ent s	signature rec				DATE			
12.		FFICERS AND DIR		13.				ADDITIONS/CHA	NGES TO OF	FFICERS AN	D DIRECTO		IN 12 Addition
TITLE	PDS	N. I.E.	☐ DELETE	1.1 TITLE							CT change		_ Additoit
NAME	CALAZANS, HENRIQUE 15519 MIAMI LAKE WAY NORTH #201			1.2 NAME 1.3 STREET ADDRESS									
STREET ADDRESS	MIAMI LAKES FL 33		.01	1.4 CITY-1		1							
CITY-ST-ZIP	MHAIM DANES I E SO		☐ DELETE	2.1 TITLE		Z.IF		<del></del>			Change		Addition
NAME				2.2 NAME									
STREET ADDRESS	_			2.3 STREE	ET A	ODRESS					*-		•
CITY-ST-ZIP				2.4 CITY-	-ST-	ZIP							<del></del>
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NAME				3.2 NAME									
STREET ADDRESS				3.3 STREE		- 1							
CITY-ST-ZIP	<del></del>		☐ DELETE	3.4. CITY- 4.1 TITLE		ZIP		<del></del>			Change		Addition
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NAME STREET ADDRESS				4.3 STREE		ODRESS							
CITY-ST-ZIP				4.4 CITY-									
TITLE			☐ DELETE	5.1 TITLE			•	***			Change		Addition
NAME				5.2 NAME	Ξ								
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CITY- \$T- ZIP				5.4 CITY-		ZIP					П C	<del></del>	Addition
TITLE			☐ DELETE	6.1 TITLE 6.2 NAME							Change	L.	Addition
NAME	i												

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

305556-92056