

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L74000 (5)

1. Corporation Name

TELTRONICS IMPORT & EXPORT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 7:51

Principal Place of Business

6971 N.W. 82 AVENUE
MIAMI FL 33166

Mailing Address

6971 N.W. 82 AVENUE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/18/1990

3a. Date of Last Report

11/21/1994

4. FEI Number

65-0196269

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 has liability or intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

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

9. Name and Address of Current Registered Agent

RAMIREZ, MARTHA I.
11618 S.W. 144 CT.
MIAMI FL 33186

SIGNATURE

(Signature of Agent or representative of registered agent and the filer)

(Signature of Registered Agent or representative of agent and the filer)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
AUGUSTO, MARTHA I.
11618 S.W. 144 CT.
MIAMI FL 33186

D
RAMIREZ, MARIA
11618 S.W. 144 CT.
MIAMI FL 33186

D
AUGUSTO, PAULO
1101 S.W. 122ND AVE #201
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change ☐ Addition ☐
Ramirez, Martha I

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change ☐ Addition ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change ☐ Addition ☐

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee (appointed) to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE: X

(Signature)

Martha I Ramirez

X 3/7/95

X(306) 477-2257

(Signature and typed or printed name of signing officer or director)

(Typed Name)