

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

DOCUMENT # **P94000014778**

1. Corporation Name
TCB SYSTEMS, INC.

Principal Place of Business

7925 NW 12TH STREET
#106
MIAMI FL 33126
US

Mailing Address

7925 NW 12TH STREET
#106
MIAMI FL 33126
US

2. Principal Place of Business

21 **9432 N.W. 13 ST**

Suite, Apt. #, etc.

22 **#55**

City & State

23 **Miami Florida**

24 **33172** 25 **MIAMI**

2a. Mailing Address

26 **9432 N.W. 13 STREET**

Suite, Apt. #, etc.

27 **#55**

City & State

28 **Miami Florida**

29 **33172** 30 **MIAMI-DADE**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

4. FEI Number

65-0472355

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ORUE, ROBERT
13284 SW 40 TERRACE
MIAMI FL 33175

NEW ADDRESS

10. Name and Address of New Registered Agent

81 Name **ROBERT ORUE**

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

3780 SW 148 PL

83 **Miami Florida 33185**

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 **PD** ☐ DELETE
NAME **ORUE, ROBERT**
STREET ADDRESS **13284 SW 40 TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **SD** ☐ DELETE
NAME **ORUE, ZOILA**
STREET ADDRESS **13284 SW 40 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE
NAME **ORUE, ZOILA**
STREET ADDRESS **13284 SW 40TH TERRACE**
CITY-ST-ZIP **MIAMI 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

305 717-0919

Date

Daytime Phone #

CR2E034 (1/98)