FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000031305 (3)**

1. Corporation Name
TROPICAL EVENT EQUIPMENT FABRICATORS, INC.

Principal Place of Business
10541 SW 184TH TER
MIAMI FL 33157

Mailing Address
10541 SW 184TH TER
MIAMI FL 33157

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report: NONE

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0485873 — 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 for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHIFF, JAMES M
9130 S DADELAND BLVD
SUITE 1609
MIAMI FL 33156

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLER, LAWRENCE	1.2 NAME	
STREET ADDRESS	10541 SW 184TH TER	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33157	1.4 CITY ST ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, IGNACIO	2.2 NAME	
STREET ADDRESS	2835 SW 6TH ST	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33135	2.4 CITY ST ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, ALAIN	3.2 NAME	
STREET ADDRESS	2835 SW 6TH ST	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33135	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with no changes.

SIGNATURE: Lawrence A. Keller, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence A. Keller, President

Date

Daytime Phone # 305-253-3984

0170880 CP