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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jan 23 1996 8:00 am  
Secretary of State

DOCUMENT # P94000031305 (3)

1. Corporation Name

TROPICAL EVENT EQUIPMENT FABRICATORS, INC.

Principal Place of Business

Mailing Address

10541 SW 184TH TER  
MIAMI FL 33157

10541 SW 184TH TER  
MIAMI FL 33157

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIFF, JAMES M  
9130 S DADELAND BLVD  
SUITE 1609  
MIAMI FL 33156

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME KELLER, LAWRENCE  
STREET ADDRESS 10541 SW 184TH TER  
CITY-STATE-ZIP MIAMI FL 33157

☐ DELETE

TITLE DV  
NAME PEREZ, IGNACIO  
STREET ADDRESS 2835 SW 6TH ST  
CITY-STATE-ZIP MIAMI FL 33135

☐ DELETE

TITLE DST  
NAME PEREZ, ALAIN  
STREET ADDRESS 2835 SW 6TH ST  
CITY-STATE-ZIP MIAMI FL 33135

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

DV ALAIN PEREZ  
2835 S.W. 6TH ST  
MIAMI, FL 33135

☒ Change ☐ Addition

DST BELKUS PEREZ  
2835 S.W. 6TH ST.  
MIAMI, FL 33135

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

301-719-3984

Daytime Phone

CR2E034 (12/95)