

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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90021 020 ***550.00

DOCUMENT # P94000031305

1. Corporation Name

TROPICAL EVENT EQUIPMENT FABRICATORS, INC.



Principal Place of Business

10522 SW 184TH TERRACE
MIAMI FL 33157
US

Mailing Address

10522 SW 184TH TERRACE
MIAMI FL 33157
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10481 SW 184 TELL
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 970857
Suite, Apt. #, etc.

City & State

23 miami FL
Zip Country

City & State

28 miami FL
Zip Country

24 33157

25 USA

29 33197

30 USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

TITLE DP
NAME KELLER, LAWRENCE
STREET ADDRESS 9610 BANAMA DR
CITY-ST-ZIP MIAMI FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8700 SW 133 AVE #323
1.4 CITY-ST-ZIP miami, FL 33183

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 8700 SW 133 AVE #323
3.4 CITY-ST-ZIP miami, FL 33183

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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; that 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

LAWRENCE KELLER

6/9/99

305-971-0130

Date

Daytime Phone #

CR2E034 (11/98)

0273203