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Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90021 020 ***550.00

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PROFIT-CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

2. Principal Place of Business

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

2a. Mailing Address

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

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

23 **Miami FL**
 City & State

28 **miami FL**
 City & State

24 **33157** 25 **USA**
 Zip Country

29 **33197** 30 **USA**
 Zip Country

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

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

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

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

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

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

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

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

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

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

6.1 TITLE Change Addition
 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 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:

Lawrence Keller **LAWRENCE KELLER** **6/9/99** **305-971-0130**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)