## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000039691 TECSY CORPORATION Principal Place of Business Mailing Address 6814 SW 39TH STREET 6814 SW 39TH STREET MIRAMAR FL 33023 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0584499 21 26 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BARRUETA, BERTHA 6814 SW 39TH STREET Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33023 83 84 City Zip Code **B**5 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition BARRUETA, BERTHA NAME 1.2 NAME 6814 SW 39TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

Change

Addition

BO-THA BARRUELA SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

DELETE