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FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000064638 (5)

1. Corporation Name
TSEI, INC.

Principal Place of Business
6921 NW 34 STREET
MARGATE FL 33063-8041

Mailing Address
6921 NW 34 STREET
MARGATE FL 33063-8041



2. Principal Place of Business

21 6921 NW 34 ST
Suite, Apt. #, etc.

22 City & State
MARGATE FL

23 Zip
33063

24 Country
USA

2a. Mailing Address

26 Same as (2)

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
08/02/1996

3a. Date of Last Report

4. FEI Number
65-0680886

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRUJILLO, SAUL
6921 NW 34 STREET
MARGATE FL 33063-8041

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

Saul Trujillo

(NOTE: Registered Agent signature required when reinstating)

4/29/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	SAUL TRUJILLO	
STREET ADDRESS	6921 NW 34 ST	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE	V. President	<input type="checkbox"/> DELETE
NAME	Pedro Saul Trujillo	
STREET ADDRESS	6921 NW 34 ST	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	LYLA TRUJILLO	
STREET ADDRESS	6921 NW 34 ST	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	LYLA TRUJILLO	
STREET ADDRESS	6921 NW 34 ST	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Saul Trujillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (954) 3404634
Date Daytime Phone #

CR2E034 (9/96)