

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # P96000095284 (1)

1. Corporation Name

TRANSNATIONAL ENGINEERING ADVISORY SERVICES, INC



Principal Place of Business

6497 ALOMA AVENUE  
SUITE 87  
WINTER PARK FL 32792

Mailing Address

6497 ALOMA AVENUE  
SUITE 87  
WINTER PARK FL 32792

3. Date Incorporated or Qualified

11/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 6947 ALOMA AVENUE

Suite, Apt. #, etc.

22 SUITE 87

City & State

23 WINTER PARK, FL.

Zip

24 32792

Country

25 U.S.

2a. Mailing Address

26 6947 ALOMA AVENUE

Suite, Apt. #, etc.

27 SUITE 87

City & State

28 WINTER PARK, FL.

Zip

29 32792

Country

30 U.S.

4. FEI Number

59-3412731

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

MAHON, TIMOTHY K  
2929 E. COMMERCIAL BLVD.  
PENTHOUSE E  
FORT LAUDERDALE FL 33308

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 PSD ☐ DELETE

NAME ALCOCK, ROBERT P  
STREET ADDRESS 6497 ALOMA AVENUE, SUITE 87  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

3.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

PSD  
NIEVES MAGALY KINAL  
3562 ALAFAYA TRAIL, SUITE 7  
ORLANDO, FL. 32826

☐ Change ☐ Addition

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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:

MAGALY KINAL NIEVES M. KINAL 04/25/97 349-7256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)