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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham.

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000046589 (2)

TURBINE MAINTENANCE SERVICES, INC.

Principal Place of Business

Mailing Address

DOMO ASKI COTH OT

## **FILED** Jun 01 1998 8:00am Secretary of State



| MIAMI FL 331   |  |                    |           |                   |  |  |   |  |
|--|--|--------------------|-----------|-------------------|--|--|---|--|
|  |  |                    |           |                   | DO NOT WRITE IN THIS   | SPACE  |   |  |
|  |  |                    |           |                   | 3. Date Incorporated or Qualified                                |  |   |  |
|  |  |                    |           |                   | 05/23/1997   | <del>-                                    </del> |   |  |
| 2. Principal Pl  |  |                    |           |                   | 4. FEI Number<br>65-0756299                                      |  | plied For                               |  |
|  | 149 N.W. 66 STREET                                 |                    | OVE       |                   | 65-0736911   |  | ot Applicable                           |  |
| Suite, Apt. 1  |  | 27                 |           |                   | 5. Certificate of Status Desired S8.75 Additional Fee Required   |  |   |  |
| City & State   |  | City & State       | & State   |                   | 6. Election Campaign Financing                                   |  | May Be                                  |  |
|  | AMI, FL 28   |                    |           |                   | Trust Fund Contribution Added to Fees                            |  |   |  |
| Zip 23   | Country  | Zip                | Counti    | У                 | 8. This corporation owes or has paid the current year Intangible |  |   |  |
| 24 33  | 25 037   | 29                 | 30        |                   | Personal Property Tax due June 30.   Yes No  No No No No         |  |   |  |
|  | →9. Name and Address of Curren                     | t Hegistered Agent |           | I Name            | IU. Name and Address of New Registerer                           | 3 Manr   |   |  |
| LAMA <b>Z</b> ARES, EDUARDO  |  |                    | °         | 81 Name N/A       |  |  |   |  |
|  | 93 <b>5</b> (\$W 158TH TERR                        |                    | 8:        | 2 Street Ac       | ddress (P.O. Box Number is Not Acceptable)                       |  |   |  |
| MM   | AMI FL 33177                                       |                    |           |                   |  |  |   |  |
|  |  |                    | 8:        | 3                 |  |  |   |  |
|  |  |                    | 8         | 4 City            |  | <b>85</b> Zip                                    | Code                                    |  |
|  |  |                    |           |                   | F  |  |   |  |
| 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 Horida. 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 age |                    |           | gent signature të | opined when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT   | ID DIRECTOL                                      | 29 IN 12                                |  |
| 12,  | OFFICERS AND                                       | DELETE             | 13.       |                   | ADDITIONS/CHANGES TO OFFICERS A                                  | Change   | Addition                                |  |
| TITLE  | ,  |                    |           |                   |  | onlings  |   |  |
| NAME   | LAMAZARES, MARTHA                                  |                    | 1.2 NAM   |                   |  |  |   |  |
| STREET ADDRESS   | 13935 SW 158 TERR                                  |                    |           | ET ADDRESS        |  |  | 1                                       |  |
| CITY-ST-ZIP  |  |                    | 1.4 CITY- |                   |  | Change   | Addition                                |  |
| TITLE  |  |                    | 2.1 TITLE | 1                 |  | Unange   | Addition                                |  |
| NAME   |  |                    | 2.2 NAMI  | 1                 |  |  | İ                                       |  |
| STREET ADDRESS   | 70000 011 100 1-111                                |                    |           | ET ADDRESS        |  |  | [                                       |  |
| CITY-ST-ZIP  |  |                    | 2. 4 CITY |                   |  | ☐ Change   | Addition                                |  |
| सा∟€   | ☐ DELETE   |                    | 3.1 TITLE |                   |  | LT CHAINGS                                       | L Addition                              |  |
| NAME   |  |                    | 3.2 NAM   |                   |  |  |   |  |
| STREET ADDRESS   |  |                    |           | ET ADDRESS        |  |  |   |  |
| City-St-ZIP  |  |                    | 3.4. CITY |                   |  | Change   | Addition                                |  |
| TITLE  |  | ☐ DELETE           | 4.1 TITLE | i                 |  | Change   | L Addition                              |  |
| NAME   |  |                    | 4. 2 NAM  |                   |  |  | ļ                                       |  |
| STREET ADDRESS   |  |                    | 4.3 STRE  | ET ADDRESS        |  |  | 1                                       |  |
| CITY-ST-ZIP  |  |                    | 4 4 CITY  |                   |  |  | 1 |  |
| TITLE  |  | ☐ DELETE           | 5.1 TITLE |                   |  | Change   | Addition                                |  |
| NAME   |  |                    | 5.2 NAM   | ŧ                 |  |  |   |  |
| STREET ADDRESS   |  |                    | 5 3 STRE  | et address        |  |  |   |  |
| CITY-ST-ZIP  |  |                    | 5.4 City  | -ST-ZIP           |  |  |   |  |
| TITLE  |  | ☐ DELETE           | 61 THILE  |                   |  | Change   | ☐ Addition                              |  |
| NAME   |  |                    | 6.2 NAM   | Ε                 |  |  |   |  |
| STREET ADDRESS   |  |                    | 6.3 STRE  | ET ADDRESS        |  |  |   |  |
| CITY-ST-ZIP  |  |                    | 6.4 CITY  | -ST-ZIP           |  |  |   |  |
|  | <u></u>  |                    |           |                   | 0 0 0 440 07(0)() Fig. (d. Cast. 4 - 1 f. 4 f. c                 | postify that the                                 | a information                           |  |

14. Thereby 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 13 if changed, or on an attachment with an address.

FILIADDO 1 AMAZARES 4-30-98 (305)592-9660

EDUARDO LAMAZARES 4-30-98

(305)592-9660