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

**PROFIT CORPORATION ANNUAL REPORT 1999**

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

## DOCUMENT # P97000058118

1. Corporation Name

**TASC ENTERPRISE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 717 PONCE DE LEON BLVD #310 CORAL GABLES FL 33134 | 717 PONCE DE LEON BLVD #310 CORAL GABLES FL 33134 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
**07/02/1997**

4. FEI Number **65-0783322** — Applied For / Not Applicable

| | 2. Principal Place of Business | | 2a. Mailing Address |
|---|---|---|---|
| 21 | 3991 N.W. 26 st | 26 | 3991 N.W. 26 st |
| 22 | Suite, Apt #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State — miami Fl. | 28 | City & State — miami, Fl. |
| 24 | Zip 33142 | 25 Country DADE | 29 Zip 33142 | 30 Country DADE |

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

### 9. Name and Address of Current Registered Agent

DUNKLEY, LINDSAY
717 PONCE DE LEON BLVD
#310
CORAL GABLES FL 33134

### 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: _____ DATE 4/21/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

### 12. OFFICERS AND DIRECTORS

| | | DELETE |
|---|---|---|
| TITLE | PD | ☐ |
| NAME | CRUZ, ADALBERTO | |
| STREET ADDRESS | 717 PONCE DE LEON BLVD, #310 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |

### 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | ☐ Change ☐ Addition |
|---|---|---|
| 1.1 TITLE | | |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 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: _____ 04/21/99 (305) 8718880

CR2E034 (11/98)