

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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90020 007 ***150.00

DOCUMENT # P97000080477

SUPERIOR TECHNICAL SERVICES, INC.

Place of Business Mailing Address
1865 BRICKELL AVE. #a1807 1865 BRICKELL AVE. #a1807
MIAMI, FL 33129 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/16/1997

4. FEI Number 65-0794553	Applied For Not Applicable
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5. Certificate of Status Desired ☐ Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

1. Place of Business 1915 BRICKELL AVE. Apt. #, etc. #C412 & State MIAMI, FL 33129	2a. Mailing Address 26 1915 BRICKELL AVE. Suite, Apt. #, etc. 27 #C412 City & State 28 MIAMI, FL Zip 29 33139
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Country 25 USA Country 30 USA

9. Name and Address of Current Registered Agent
RIVAS, JOSE
1865 BRICKELL AVE. A1807
MIAMI, FL 33129

10. Name and Address of New Registered Agent

81 Name RIVAS, JOSE	
82 Street Address (P.O. Box Number is Not Acceptable) 1915 BRICKELL AVE #C412	
83 MIAMI, FL 33129	
84 City	85 Zip Code

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PVTS RIVAS, JOSE 1865 BRICKELL AVE. A1807 MIAMI, FL 33129	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1915 BRICKELL AVE #C412 MIAMI, FL 33129
	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6/25/99 Daytime Phone #