

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
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DOCUMENT # P98000014070

1. Corporation Name
TEKLADA, INC.

Principal Place of Business
C/O EBERTO A. VITER, CPA
2655 LEJEUNE RD PH 2B GABLES INTL PLAZA
CORAL GABLES FL 33134

Mailing Address
C/O EBERTO A. VITER, CPA
2655 LEJEUNE RD PH 2B GABLES INTL PLAZA
CORAL GABLES FL 33134

FILED

90 AUG 16 AM 8:27



4/29/99 90171041 \$150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/12/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0822333
24 Country	29 Country	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
		7. This corporation owes the current year Intangible - Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE SE 3RD AVENUE 28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name ARMANDO ARAUJO
82 Street Address (P.O. Box Number is Not Acceptable) 785 CRANDON BLVD APT 205-305
83
84 City KEY BISCAYNE FL 85 Zip Code 33149

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Armando Araujo POA DATE 8/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARMANDO ARAUJO	1.2 NAME	ARMANDO ARAUJO
STREET ADDRESS	785 CRANDON BLVD APT 205-305	1.3 STREET ADDRESS	785 CRANDON BLVD APT 205-305
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ADALICIA ARAUJO	2.2 NAME	ADALICIA ARAUJO
STREET ADDRESS	785 CRANDON BLVD APT 205-305	2.3 STREET ADDRESS	785 CRANDON BLVD APT 205
CITY-ST-ZIP	KEY BISCAYNE FL 33149	2.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 4/23/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)