

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S87246** (2)

1. Corporation Name

TECSYSTEM AMERICA, INC.



Principal Place of Business

**7806 EMERALD CIRCLE
STE. 103
MIAMI LAKES FL 33015
US**

Mailing Address

**6065 NW 186 ST.
STE. 103
MIAMI LAKES FL 33015
US**

3. Date Incorporated or Qualified
10/15/1991

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 **13054 SW. 133rd Court**

2a. Mailing Address

26 **13054 SW. 133rd COURT**

4. FCI Number
65-0295771

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

22 **Suite B**

Suite, Apt. #, etc.

27 **Suite B**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

23 **MIAMI Florida**

City & State

28 **MIAMI Florida**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

24 **33186**

Country

25 **USA**

Zip

29 **33186**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAROLI, MIGUEL
6065 NW 186 ST
#103
MIAMI FL 33015**

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 or officer or director

Signature typed or printed name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CAROLI, MIGUEL**
STREET ADDRESS **6065 NW 186 ST., #103**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☒ DELETE
NAME **ALMEIDA, WAGNER**
STREET ADDRESS **1805 SANS SOUCI BLVD 402**
CITY-ST-ZIP **N MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and is typed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Caroli

April 16, 1996

(305)254-8245

Daytime Phone #

CR2E034 (12/95)