

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2: 12

DOCUMENT # **L39012** (4)

1. Corporation Name
TESSI GARCIA & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**351 ALTARA AVENUE
#260
CORAL GABLES FL 33146
US**

Mailing Address
**351 ALTARA AVENUE
#260
CORAL GABLES FL 33146
US**

3. Date Incorporated or Qualified
12/29/1989

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0179181

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**

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

2. Principal Place of Business
21
2a. Mailing Address
26
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State
28 City & State
24 Zip
25 Country
29 Zip
30 Country

9. Name and Address of Current Registered Agent
**GARCIA, TESSI
351 ALTATA AVENUE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (Print, typed or printed name, signature (typed) when registered)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GARCIA, TESSI
STREET ADDRESS	425 GRAPETREE DRIVE #206
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1-2 NAME	
1-3 STREET ADDRESS	
1-4 CITY - ST - ZIP	
2-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2-2 NAME	
2-3 STREET ADDRESS	
2-4 CITY - ST - ZIP	
3-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3-2 NAME	
3-3 STREET ADDRESS	
3-4 CITY - ST - ZIP	
4-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4-2 NAME	
4-3 STREET ADDRESS	
4-4 CITY - ST - ZIP	
5-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5-2 NAME	
5-3 STREET ADDRESS	
5-4 CITY - ST - ZIP	
6-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6-2 NAME	
6-3 STREET ADDRESS	
6-4 CITY - ST - ZIP	

14. I hereby certify that the information supplied in this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(3)(b), Florida Statutes. I further certify that the information reported 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 13 or 14 as a change or as an addition with an address.

SIGNATURE: *Tessi Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF BRINING OFFICER OR DIRECTOR