

CORPORATION ANNUAL REPORT

1996/997



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

FILED
Jun 10 1997 8:00am
Secretary of State

DOCUMENT # S52590 (A)

1. Corporation Name
TEE NO. 2, INC.

Principal Place of Business

1 SE 3RD AVE
BARRY BRANT CP&A
MIAMI FL 33131
US

Mailing Address

1 SE 3RD AVE
BARRY BRANT CPA
MIAMI FL 33131
US

3. Date Incorporated or Qualified
05/13/1991

3a. Date of Last Report
08/24/1995 1996

2. Principal Place of Business

21 One S.E. Third Ave.
Suite, Apt. #, etc.

2a. Mailing Address

26 One S.E. Third Ave.
Suite, Apt. #, etc.

4. FEI Number
65-0284055

Applied For
Not Applicable

22 15th Floor
City & State

27 15th Floor
City & State

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

23 Miami, Florida
Zip 33131 Country USA

28 Miami, Florida
Zip 33131 Country USA

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

24 33131

25 USA

29 33131

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

WEIDER, NORMAN S., ESO.
SUITE 3910
100 S.E. 2ND ST.
MIAMI FL 33131-9112

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LARSSON, HANS	
STREET ADDRESS	S 111 46 STOCKHOLM	
CITY-ST-ZIP	SWEDEN SW	
TITLE	VP/S	<input type="checkbox"/> DELETE
NAME	BARRY BRANT V.P. BDP	
STREET ADDRESS	1 SE THIRD AVE 15th FLOOR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" 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	

6/10/97

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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 if changed, or on an attachment with an address.

SIGNATURE: Barry Brant, BARRY BRANT, V.P. 4/30/97 (305) 379-7000