

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Aug 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 385748 (9)
1. Corporation Name
TEMSAMBLE, INC.



Principal Place of Business Mailing Address
%JUAN MARTINEZ %JUAN MARTINEZ
14250 SW 62ND STREET, UNIT #505 14250 SW 62ND STREET, UNIT #505
MIAMI FL 33183 MIAMI FL 33183-1941

3. Date Incorporated or Qualified 07/22/1971 3a. Date of Last Report 03/21/1996
4. FEI Number 59-1355835 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MARTINEZ, JUAN 81 BLANCA MARTINEZ
14250 SW 62 STR 82 Street Address (P.O. Box Number is Not Acceptable)
UNIT 505 14250 SW 62 ST. #505
MIAMI FL 33183 83
84 City MIAMI, FL. 85 Zip Code 33183

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 Blanca Martinez B Martinez 8-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLO, ALFREDO	12 NAME	
STREET ADDRESS	BELO	13 STREET ADDRESS	
CITY-ST-ZIP	HORIZONTE BR	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLO, IOLE	22 NAME	
STREET ADDRESS	BELO	23 STREET ADDRESS	
CITY-ST-ZIP	HORIZONTE BR	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLO, INES ZIRONI	32 NAME	
STREET ADDRESS	MODENA	33 STREET ADDRESS	
CITY-ST-ZIP	ITALY	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, JUNA	42 NAME	
STREET ADDRESS	14250 SW 62 STR, UNIT 505	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Blanca Martinez B Martinez 8-12-97

CP2E034 (9/96)