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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 27 1997 8:00am

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Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 420490

(5)

TFG ASSOCIATES, INC.

SIGNATURE:

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Principal Place		Mailing A				1 18 8111 81818 11818 80111 81814 18114 881	14 militi ililiki ililiki	41414 A18}J	MIRES SAEL
2550 NW 72 A SUITE 308	VE	PO BOX (	65-0547 33265-0547						
MIAMI FL 3312	22-1347	US							
US						3. Date Incorporated or Qualified 03/06/1973	3a. Date o		eport
2. Principal Pl	lace of Business	2a. Mailin	g Address			4. FEI Number	01/20/		plied For
21		26				59-1443524			t Applicable
Suite Apt.	# etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired	<b>X</b> \$		Additional
2		27				5. Certificate of Status Desired		Fee Re	quired
City & State	e e e e e e e e e e e e e e e e e e e	City &	State			6. Election Campaign Financing	_ ;		May Be
Z <sub>i</sub> p	Country	28   Zip	····	Cou	ntry	Trust Fund Contribution		Added t	
24	25	29		30	i iti y	8. This corporation has liability for Florida Statutes	intangible tax Yes \ \ \ \ \ \		199.032,
	9. Name and Address of Cure		gent	30		10. Name and Address of New Re			
PER	LOW, JEFFREY M. ESQ.		· <del></del>		81 Name				
	O E. HALLANDALE BCH BLVD	1			82 Street Ac	dress (P.O. Box Number is Not Acceptat			
	LANDALE FL 33009				52 Sireet Ac	oress (F.O. Box Number is Not Acceptate	Diej		
					83				
					84 City		B	5 7m	Code
							FLI		
<ol> <li>Pursuant to office or re</li> </ol>	to the provisions of Sections 607.0 egistered agent, or both, in the St	0502 and 607,1508 ate of Florida, Suc	3, Florida Statu	ites, the at	bove-named co	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of cha	anging it	s registered
agent Lar	m familiar with and accept the ob	ligations of, Section	on 607.0505, F	Iorida Stat	utes.	tation's board of directors. I Helpby acce	brane appoint	inorit do	i egistereu
age n a	'								
SIGNATURE									
SIGNATURE	Signature, typed or proled name of registered					quired when reinstating)	DATE		0.151.40
SIGNATURE	Signature typed or proled name of registered OFFICERS A	agent and title if applical	ble (NO	13.	d Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIF		
SIGNATURE  12.  111LE	Signature typed or probled name of registered OFFICERS A			13.	d Agent signature re		CERS AND DIF	RECTOR Change	
SIGNATURE  112.  IITLE  NAME	Signature typed or profed name of registered OFFICERS A VST ARIAS, JULIO	AND DIRECTORS	ble (NO	13. 1.1 Ti 1.2 N/	d Agent signalure rei ILE IME		CERS AND DIF		
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SIGNATURE  12.  IITLE  NAME  SIREET ADORESS  CITY ST - ZIP  TITLE  NAME	Signature typed or probled name of registered OFFICERS A VST ARIAS, JULIO 14257 HORSESHOE TRACE WELLINGTON FL	AND DIRECTORS	DELETE	13. 1.1 T/ 1.2 N/ 1.3 ST 1.4 C/ 2.1 T/ 2.2 N/	d Agent signature re-		DERS AND DIF	Change	Addition
SIGNATURE  12.  ITHE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature typed or product name of registered OFFICERS A VST ARIAS, JULIO 14257 HORSESHOE TRACE WELLINGTON FL P LECUSAY, ARMANDO	AND DIRECTORS	DELETE	13. 1.1 Ti 1.2 NA 1.3 ST 1.4 Ci 2.1 Ti 2.2 NA 2.3 ST	d Agent signature re-		DERS AND DIF	Change	Addition
SIGNATURE  12.  IIILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP	Signature typed or provide name of regetered OFFICERS A VST ARIAS, JULIO 14257 HORSESHOE TRACE WELLINGTON FL P LECUSAY, ARMANDO 6031 SW 114 CT	AND DIRECTORS	DELETE	13. 1.1 Ti 1.2 NA 1.3 ST 1.4 Ci 2.1 Ti 2.2 NA 2.3 ST	J Agent signature re-		CERS AND DIF	Change	Addition
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