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 # 666520 (2)

1. Corporation Name
TEPCO FLORIDA, INC.

Principal Place of Business	Mailing Address
2206 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020	2206 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 04/11/1980
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0086291 ☐ 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 2999 NE 191st Street	26 2999 NE 191st St
Suite, Apt. #, etc. 22 #900	Suite, Apt. #, etc. 27 Suite 900
City & State 23 Aventura, Fl	City & State 28 Aventura, Fl
Zip 24 33180 Country 25 Dade	Zip 29 33180 Country 30 Dade

9. Name and Address of Current Registered Agent
MANELLA, ROSS ESQ
2206 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name: Fred Hochsztein
82 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191st Street, Suite 900
83
84 City: Aventura FL 85 Zip Code: 33180

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 Fred H. 7/11/96
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	PDT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMMS, JACK		1.2 NAME	
STREET ADDRESS	45 RUE ST JACQUES		1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUE.CANADA		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	HOCHSZTEIN, FRED		2.2 NAME	Fred Hochsztein
STREET ADDRESS	2206 HOLLYWOOD BLVD		2.3 STREET ADDRESS	2999 NE 191st Street
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Aventura, Fl 33180
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 if changed, or on an attachment with an address.

SIGNATURE: Fred Hochsz 7/11/96 (305)682-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)