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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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~~

2. Principal Place of Business	2a. Mailing Address
21 2999 NE 191 St.	26 2999 NE 191 St.
Suite, Apt. #, etc. 22 900	Suite, Apt. #, etc. 27 900
City & State 23 Aventura, Florida	City & State 28 Aventura, Florida
Zip 24 33180 Country 25 USA	Zip 29 33180 Country 30 USA

3. Date Incorporated or Qualified: 04/11/1980
3a. Date of Last Report: 4/24/95
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

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 191 St.
83 Suite 900
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 [signature] DATE: 3/21/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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	~~Fred-Hochsztein~~	2.2 NAME	Fred Hochsztein
STREET ADDRESS	~~2206-Hollywood-Blvd.~~	2.3 STREET ADDRESS	2999 NE 191 Street Suite 900
CITY-ST-ZIP	~~Hollywood,-Fl-33020~~	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	500002127835
TITLE	☐ DELETE	6.1 TITLE	-03/28/97--01139--030 ☐ Change ☐ Addition
NAME		6.2 NAME	***165.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] Fred Hochsztein, Vice President 3/21/97 (305) 6821328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #