

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F29507 (3)
1. Corporation Name
T.F. ENTERPRISES INC.



Principal Place of Business
7190 CORAL WAY
MIAMI FL 33155-1805

Mailing Address
7190 CORAL WAY
MIAMI FL 33155-1805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1981	
21		26		4. FEI Number 59-2161288	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

FABRE, FRANK R.S., ESQ.
717 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	P/S/D
NAME	FEIJOO, MANUEL	1.2 NAME	FEIJOO, MANUEL
STREET ADDRESS	7190 CORAL WAY	1.3 STREET ADDRESS	7190 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	PD	2.1 TITLE	D
NAME	PARRA, RAFAEL	2.2 NAME	PARRA, RAFAEL
STREET ADDRESS	7190 CORAL WAY	2.3 STREET ADDRESS	7190 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD	3.1 TITLE	
NAME	GONZALES, YSRAEL	3.2 NAME	
STREET ADDRESS	7190 CORAL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	AS
NAME		4.2 NAME	FABRE, FRANK R. S.
STREET ADDRESS		4.3 STREET ADDRESS	717 PONCE DE LEON BLVD. #234
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)