## 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

F9400000920 (8) **DOCUMENT #** 

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1611	ותו			w	O.V.



Principal Place of Business Mailing Address				* 100100 1110 10111 01111 01111 10111	. 44111 AB111 AB1	** == *** *			
C/O SUITE 1400 ONE S.E. THIRD AVE. MIAMI FL 33131		C/O SUITE 1400 ONE S.E. THIRD AVE. MIAMI FL 33131							
		minmi (E 00)	MIAMI EE 33131			3. Date incorporated or Qualified 02/23/1994 04/04/1995			
2. Principal Pla	ce of Business	2a. Mailing Addr	ess			4. FET Number 65-0317089			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #	, etc			5. Certificate of Status Desired			5 Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zφ	Country	Z <sub>(j)</sub>	Cour 30	ntry		This corporation has liability for in Florida Statutes			
24	25 9. Name and Address of Curre					10. Name and Address of New R		gent	
	OLITE CORPORATION 3RD AVE. 400-A				Name Street Addi	ress (P.O. Box Number is Not Acceptab	le)		
MIAMI F	L 33131			84 (	City		FL	85 2	Zip Code
SIGNATURE .		Grāns rappsass. ID DIRECTORS	(NOTE Feagurery)	April 6	gratianis respons	al wife: resistang: ADDITIONS/CHANGES TO OFF:	DATE ICERS AND	DIRECT	ORS IN 12
TITLE	DC	□ DEL	.FTE 1 1 1	fuE				) Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MURGEL, CARLOS A 1400, <del>14 SE THIRD AVE</del> . MIAMI FL 33131	1 58 3rd A		ME FEET AC TY-ST-7					
TITLE NAME	V BLASS, STEPHEN A	DEL	.ETE 2.1TI	ITLE				] Change	e
SYRSET ADDRESS CITY+ST+ZIP	1400, 1 <del>0 OE THIRD AVE.</del> MIAMI FL 33131	158 3mg		REFT AC					
TITLE NAME	FRANKEL, MELVIN F	□ DEI	.ETE 3.1.TI	TLE				] Change	Addition
STREET ADDRESS CITY-ST-ZIP	1400, <del>1# SE THIRD AVE</del> . MIAMI FL 33131	15E 3m		TREET AL	1				
TITLE NAME		□ DEL	LETE 4 1 T 4 2 NF					] Change	Addition
STREET ADDRESS CITY-ST-ZIP				IRELT AC					
TITLE NAME STREET ADDRESS		DE:	5 2 NA		DRESS			] Change	e 🔲 Addition
CITY-ST-ZIP TITLE NAME		DEI			ZIP		E	] Change	e Addition
STREET ADDRESS CITY-ST-ZIP				REFT AU			07/2)(k) Elo	. 1 . 0.	

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 eath; that I am an officer or director of the comporation 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 online at a property and address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 305-377-9353