Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90042 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000920

 Corporation 	n Name						
TETRA H	IOLDINGS S.A.						
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						al in is in isin isin isin i	
Principal Place	of Business	Mailing Address			-	\$8 4 80 80 5 16+ 6	1831 8011 f881
C/O SUITE 140		C/O SUITE 1400					
ONE S.E. THIRD AVE. ONE S.E. THIRD AVE.							*
MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	<i>z</i>				02/23/1994		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	1 77	lied For
21		26			65-0317089		Applicable
Suite, Apt.		Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75 A	-
22 XII T	<u> </u>	27 Suite 2130)				<u> </u>
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	•
Zip	Country	Zip	Country		8. This corporation owes the current year	ar Intangible	No
24	25	29 3	0]		Personal Property Tax. 10. Name and Address of New Registe		2(10
	9. Name and Address of Currer	it Registered Agent	81 Na		10. Name and Address of New Registe	red Agent	
COR	PROLITE CORPORATION		101 142				_
ONE SE 3RD AVE. 82 Street Addres					ss (P.O. Box Number is Not Acceptable)		
	E 1400-A		83			<u>_</u>	
	AI FL 33131		" S	ite.	<i>213</i> 0		
IVHICAN	M 1 E 30101		84 City			FL 85 Zip C	ode
					ration submits this statement for the purpos		
office or n agent. I a SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	horized by the c la Statutes.		when reinstating). DAT		
40	Signature, typed or printed name of registered age	IND DIRECTORS	13.	.ure required	ADDITIONS/CHANGES TO OFFICERS		2S IN 12
12.	OC OCTOBERS AT	DELETE	1.1 TITLE	\top	ADDITIONO/OFFICES TO OFFICE	Change	Addition
	MURGEL, CARLOS A	(3) 5222.2	1.2 NAME				
NAME	·		1.3 STREET ADDR	S.	iHe 2130		
STREET ADDRESS	1 SE 3RD AVE.			255	moass	;	
CITY-ST-ZIP	MIAMI FL V	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	+-		Change	Addition
TITLE	•	E) DELEVE	2.1 THEE 2.2 NAME			6 2	
NAME	BLASS, STEPHEN A			_ _	ite 2130		
STREET ADDRESS	1 SE 3RD AVE		2.3 STREET ADDR		ITO XISO		
CITY-ST-ZIP	MIAMI FL	□ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
TITLE	V	□ pereie				(Asi o named	
NAME	FRANKEL, MELVIN F		3.2 NAME	10	ite 2130		
STREET ADDRESS	1 SE 3RD AVE,		3.3 STREET ADDR	ESS C	41001W		
CITY-ST-ZIP	MIAMI FL	П псі стс	3.4, CITY-ST-ZIP	+-		Change	Addition
TITLE		☐ DELETE	4.1 TITLE				
NAME		i	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDR	ESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ OELETE	5.1 TITLE 5.2 NAME	ļ	,		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME ·				Fee	•		
STREET ADDRESS			5.3 STREET ADDR	E35		•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	$-\!\!\!\!\!+\!\!\!\!\!-$		[^m] Chase:	- Addition
TITLE		☐ DELETE	6.1 TITLE	- 1		Change	☐ Addition

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 attachment and address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP