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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F96000004217 (3) TAMBETH HOLDINGS. INC. Principal Place of Business Mailing Address 1401 BRICKELL AVENUE, STE 700 1401 BRICKELL AVENUE, STE 700 MIAMI FL 33131 MIAMI FL 33131-3503 3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For APPLIED FOR Not Applicable 21 26 Suite, Apt. #, etc. Suite: Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes 🗌 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name LEGAL ASSETS, INC. 1401 BRICKELL AVENUE, STE 700 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 City Zip Code 85 11. Pursuant to the previsions 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 lamihar with, and accept the obligations of, Section 607.0505, Florida Statutes. egnations, type dior printed name of register (id agent and thic if applicable (NOTE: Registered Agent signature required when re-natating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)DELETE Change 1.1 TITLE MUE ANDERSON, LENNERT NAMI. 1.2 NAME KASEVAGEN 7 1.3 STREET ADDRESS STREET ADDRESSS 45200 STROMSTAD SWEDEN 1.4 CITY - ST - ZIP (HY-S)-201 THE DELETE 21 TITLE ☐ Change Addition LEPPARD, PETER E 22 NAME MARS LE MONT ARDAINE RUE DES ARDAINEA 2.3 STREET ADDRESS Stated August SS ST PIERRE GUERNSEY 011Y - \$1 - 7th 2. 4 CITY - ST - ZIP DELETE Change Addition TOLL 3.1 1ITLE GLANFIELD, PHILIP J NAME 3.2 NAME THE WILLOWS NORCO ROAD 3.3 STREET ADDRESS STREET ALCORESS ST SAMPSONS GUERNSEY 34. CITY-ST-ZIP CHY-S1 ZP Change DELETE 4.1 TITLE Addition Title CARPENTER, PAUL J NAME 4. 2 NAME LLETAS, OSMOND LANE 4.3 STREET ADDRESS STREET ADDRESSS ST SAMPSONS GUERNSEY 4.4 CITY - ST-ZIP CH r - S' - 719 DELETE Change Add tion 5.1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP OTFY - ST. 26 Addition DELETE Change 61 TITLE 1164 6.2 NAME MAME 6.3 STREET ADDRESS STECL FAILURESS 64 DITY-ST-ZIP CHY \$1-28

64.0(fy-\$1-78)

14. If the hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclosed on this annual report or jupplemental 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 of 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 60 or an attackment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

FILED

Apr 01 1997 8:00am

Secretary of State

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