


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

FILED

Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006730 (3)

1. Corporation Name

TNI FUNDING I, INC.

Principal Place of Business 11900 BISCAYNE BOULEVARD, SUITE 460A NORTH MIAMI FL 33181	Mailing Address 11900 BISCAYNE BOULEVARD, SUITE 460A NORTH MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1996	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 65-0722138	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

WEINBERG, DAVID  
11900 BISCAYNE BOULEVARD, SUITE 490A  
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name Corporation Service Company  
82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays St.  
83 Suite 105  
84 City Tallahassee FL 85 Zip Code 32301

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

Maria Head, asst. Secretary

3/13/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHASEN, MELVIN	1.1 TITLE	VSTD
NAME	11900 BISCAYNE BOULEVARD, SUITE 460A	1.2 NAME	Stephen E. Lerch
STREET ADDRESS	NORTH MIAMI FL 33181	1.3 STREET ADDRESS	11900 Biscayne Blvd., Suite 460A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	N Miami, FL 33181
TITLE	DV DACEY, MICHAEL	2.1 TITLE	
NAME	11900 BISCAYNE BOULEVARD, SUITE 460A	2.2 NAME	
STREET ADDRESS	NORTH MIAMI FL 33181	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSTD WEINBERG, DAVID	3.1 TITLE	
NAME	11900 BISCAYNE BOULEVARD, SUITE 460A	3.2 NAME	
STREET ADDRESS	NORTH MIAMI FL 33181	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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.

SIGNATURE:

Stephen E. Lerch

2/4/98

905-892-3346

CR2E034 (10/97)