

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

**FILED**

**May 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97459 (4)**

1. Corporation Name  
**TEN TALENTS, INC.**



Principal Place of Business <b>630 SANTURCE AVE SUITE 215 A CORAL GABLES FL 33143 US</b>	Mailing Address <b>630 SANTURCE AVE SUITE 215 A CORAL GABLES FL 33143-6360 US</b>
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3. Date Incorporated or Qualified <b>08/27/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2248393</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>10940 SW 135 Court Cir.</b>	2a. Mailing Address 26 <b>10940 SW 135 COURT CIRCLE</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>MIAMI FL</b>	28 City & State <b>MIAMI FL</b>
24 Zip <b>33186</b>	25 Country <b>DADE</b>
29 Zip <b>33186</b>	30 Country <b>DADE</b>

9. Name and Address of Current Registered Agent <b>KUIPER, VIRGINIA C. 2601 S. BAYSHORE DR. #1600 MIAMI FL 33133</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PECKNOLD, SARITA</b>		1.2 NAME <b>PECKNOLD, SARITA</b>	
STREET ADDRESS <b>630 SANTURCE AVENUE</b>		1.3 STREET ADDRESS <b>10940 SW 135 COURT CIRCLE</b>	
CITY - ST - ZIP <b>CORAL GABLES FL</b>		1.4 CITY - ST - ZIP <b>MIAMI FL 33186</b>	
TITLE <b>PTD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PECKNOLD, GERALD A</b>		2.2 NAME <b>PECKNOLD, GERALD A</b>	
STREET ADDRESS <b>630 SANTURCE AVENUE</b>		2.3 STREET ADDRESS <b>10940 SW 135 COURT CIRCLE</b>	
CITY - ST - ZIP <b>CORAL GABLES FL</b>		2.4 CITY - ST - ZIP <b>MIAMI FL 33186</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sarita Pecknold* **5/1/97 305 387 5534**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)