

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandha B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G60928** (0)

1. Corporation Name

TECTON ENTERPRISES, INC.



Principal Place of Business

**2031 SW 23 TERRACE
MIAMI FL 33145**

Mailing Address

**2031 SW 23 TERRACE
MIAMI FL 33145**

3. Date Incorporated or Qualified

09/23/1983

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2436451

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, ENRIQUE
2031 SW 23 TERR
MIAMI FL 33145**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who signed this statement on behalf of the corporation

Signature of Registered Agent (signature required when new State agent)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

PS

NAME

**PEREZ, ENRIQUE
2031 SW 23 TERR
MIAMI FL 33145**

STREET ADDRESS

CITY- ST- ZIP

2. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

3. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

730-96

305 8583184

CR2E034 (12/95)