

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

FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT #

1. Corporation Name

TEFRAN INC.,

0986096

Principal Place of Business

Mailing Address

520 BEACON BLVD
MIAMI, FLA. 33135

520 BEACON BLVD
MIAMI, FLA. 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2-21-84

2. Principal Place of Business

21 520 BEACON BLVD

Suite, Apt. #, etc

22

City & State

23 MIAMI, FLA.

Zip

24 33135

Country

25 DADE/USA

2a. Mailing Address

26 520 BEACON BLVD

Suite, Apt. #, etc

27

City & State

28 MIAMI, FLA.

Zip

29 33135

Country

30 USA

4. FEI Number

59-2424032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLACIDO DIAZ
520 BEACON BLVD
MIAMI, FLA. 33135

81 Name

PLACIDO DIAZ

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

520 BEACON BLVD

83

84 City

MIAMI, FLA.

FL

85 Zip Code

33135

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 PLACIDO DIAZ

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

(NOTE: Registered Agent signature required when reinstating)

7/1/98

DATE

12. OFFICERS AND DIRECTORS

TITLE VP, S.T. ☒ DELETE

NAME TORRES FRANKO

STREET ADDRESS 520 BEACON BLVD

CITY-ST-ZIP MIAMI, FLA. 33135

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P.T.S. ☐ Change ☒ Addition

12 NAME PLACIDO DIAZ

13 STREET ADDRESS 2100 SW 7AVE

14 CITY-ST-ZIP MIAMI, FLA. 33129

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

500002583915

-07/09/98--01018--035

***183.75

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: PLACIDO DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/98

DATE

(305) 886-5285

Daytime Phone #

CR2E034 (10/97)