

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

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

97 DEC -1 AM 9:12

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # H22617
 1. Corporation Name
T.E.S. INDUSTRIES, INC.

Principal Place of Business: **T.E. Sanders, 5269 N.W. 161 St. Miami, FL 33014**
 Mailing Address: **T.E. Sanders, 5269 N.W. 161 St. Miami FL 33014-6221**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **09/21/1984**
 3a. Date of Last Report: **4/30/1997**
 4. FET Number: **59-2518831**
 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
 7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SANDERS, T.E.
 17551 S.W.63rd Manor
 Fort Lauderdale FL 33331**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3 **900002364759-8**
 B4 City **-12/05/97-01110-003**
*******70 FE** B5 Zip Code **000000.00**

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SANDERS, T.E.	
STREET ADDRESS	17551 S.W.63rd Manor	
CITY-ST-ZIP	Ft. Lauderdale FL 33331	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SANDERS, BETSY A.	
STREET ADDRESS	4719 Grapevine Way	
CITY-ST-ZIP	Davie FL 33331	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, HENRY L. JR.	
STREET ADDRESS	6541 Lake Blue Drive	
CITY-ST-ZIP	Hialeah FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betsy A. Sanders* **Betsy A. Sanders** 11-25-97 305/620-8715
 as Corporate Secretary

CR2E034 (9/96)