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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H75315** **(2)**

1. Corporation Name

TENNESSEE ROAD, INC.

Principal Place of Business	Mailing Address
524 FERNWOOD ROAD KEY BISCAYNE FL 33149 US	524 FERNWOOD ROAD KEY BISCAYNE FL 33149 US

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

3. Date Incorporated or Qualified: 09/09/1985	3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-2628878	☐ 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	

9. Name and Address of Current Registered Agent

REBOZO, C G
524 FERNWOOD ROAD
~~SUITE 204~~
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

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 607.0502 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: Olga Guilarte, V.P. DATE: 1-22-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REBOZO, C G		1.2 NAME		
STREET ADDRESS	524 FERNWOOD ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GUILARTE, OLGA		2.2 NAME		
STREET ADDRESS	524 FERNWOOD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REBOZO, C. G.		3.2 NAME		
STREET ADDRESS	524 FERNWOOD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GUILARTE, OLGA		4.2 NAME		
STREET ADDRESS	524 FERNWOOD RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Olga Guilarte, V.P. 1/22/96 (305)365-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)