

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

FILED

Jan 15 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 # H75315 (2)  
1. Corporation Name  
TENNESSEE ROAD, INC.



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

Mailing Address  
524 FERNWOOD ROAD  
KEY BISCAYNE FL 33149  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2628878	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

REBOZO, C G  
524 FERNWOOD ROAD  
KEY BISCAYNE FL 33149

ck # 232 pd 1/5/98

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0302 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 *C. G. Rebozo* (C. G. Rebozo) 01/05/98  
Signature, typed or printed name of registered agent and date, if applicable (if only Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBOZO, C G	12 NAME	
STREET ADDRESS	524 FERNWOOD ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILARTE, OLGA	22 NAME	
STREET ADDRESS	524 FERNWOOD ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBOZO, C. G.	32 NAME	
STREET ADDRESS	524 FERNWOOD ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILARTE, OLGA	42 NAME	
STREET ADDRESS	524 FERNWOOD RD	43 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 *O. Guilarte* (OLGA GUILARTE) 01/05/98 (305) 365-0099

CR2E034 (10/97)