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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H75315 1. Corporation Name TENNESSEE ROAD, INC.			
Principal Place of Business 524 FERNWOOD ROAD KEY BISCAINE FL 33149 US		Mailing Address 524 FERNWOOD ROAD KEY BISCAINE FL 33149 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent REBOZO, C G 524 FERNWOOD ROAD KEY BISCAINE FL 33149		10. Name and Address of New Registered Agent 81 Name OLGA GUILARTE 82 Street Address (P.O. Box Number is Not Acceptable) 524 FERNWOOD ROAD 83 84 City KEY BISCAINE FL 85 Zip Code 33149	
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 <i>Olga Guilarte, Pres.</i> DATE <i>Jan 11, 1999</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE NAME REBOZO, C G STREET ADDRESS 524 FERNWOOD ROAD CITY-ST-ZIP KEY BISCAINE FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE * P <input type="checkbox"/> DELETE NAME GUILARTE, OLGA STREET ADDRESS 524 FERNWOOD ROAD CITY-ST-ZIP KEY BISCAINE FL		2.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME OLGA GUILARTE 2.3 STREET ADDRESS 524 FERNWOOD RD 2.4 CITY-ST-ZIP KEY BISCAINE, FL 33149	
TITLE ST <input checked="" type="checkbox"/> DELETE NAME REBOZO, C. G. STREET ADDRESS 524 FERNWOOD ROAD CITY-ST-ZIP KEY BISCAINE, FL		3.1 TITLE SECRETARY / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME THOMAS H. WAKEFIELD 3.3 STREET ADDRESS 1028 COTERO AVE. 3.4 CITY-ST-ZIP CORAL GABLES, FLA 33146	
TITLE SD <input checked="" type="checkbox"/> DELETE NAME GUILARTE, OLGA STREET ADDRESS 524 FERNWOOD RD CITY-ST-ZIP KEY BISCAINE FL		4.1 TITLE V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME CHARLES FRED REBOZO 4.3 STREET ADDRESS 12400 S.W. 62 AVE 4.4 CITY-ST-ZIP MIAMI - FLA 33156	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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, with all other like empowered.

SIGNATURE: *Olga Guilarte, Pres.* DATE *Jan 11, 1999* (305) 365-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)