

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

**FILED**

**May 27 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # J59729 (0)**

**1. Corporation Name**  
**TUC-REN ENTERPRISES, INC.**



**Principal Place of Business**  
**% ERNESTO RENCURRELL**  
**1698 S.W. 143 PL.**  
**MIAMI FL 33175**

**Mailing Address**  
**% ERNESTO RENCURRELL**  
**1698 S.W. 143 PL.**  
**MIAMI FL 33175-7082**

**3. Date Incorporated or Qualified**  
**02/25/1987**

**3a. Date of Last Report**  
**04/25/1996**

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b> <b>59-2811829</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>22</b> City & State	<b>27</b> City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>23</b> Zip	<b>28</b> Zip	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b> Country	<b>29</b> Country		

**9. Name and Address of Current Registered Agent**

**RENCURRELL, ERNESTO**  
**1698 S.W. 143 PL.**  
**MIAMI FL 33175**

**10. Name and Address of New Registered Agent**

**81** Name

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

**83**

**84** City

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>PD</b>	<b>RENCURRELL, ERNESTO</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>1698 S.W. 143 PL.</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>MIAMI FL</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b> <b>VD</b>	<b>PAEZ, FRANCISCO J.</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>1698 S.W. 143 PL.</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>MIAMI FL</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b> <b>TDS</b>	<b>RENCURRELL, BARBARA</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>1698 SW 143 PLACE</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>MIAMI FL</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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:** *Ernesto Rencurrell* **ERNESTO RENCURRELL** **5/19/97** **(305) 221-2775**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

May 17, 1997

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Tuc-Ren Enterprises, Inc  
FEI # 59-2811829

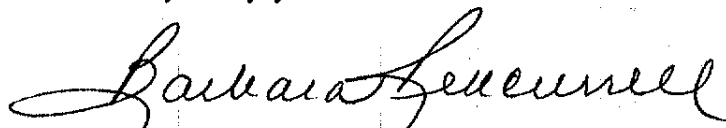
To Whom It May Concern:

I am enclosing herewith a check in the amount of \$165.00 for the renewal of the above-mentioned corporation.

Due to my involvement in a car accident which resulted in retina detachment of my right eye and subsequent surgery and recuperation, I was unable to submit the required fee on or before May 1st as required. I would like to have the corporation renewed and will be able to provide you with additional proof and/or information, if so required, with regards to the unusual circumstances involved that prevented me from submitting the required fee prior to May 1, 1997.

Thank you in advance for your attention to this matter.

Very truly yours,



Barbara Rencurrell  
Treasurer /Secretary  
1698 S.W. 143 Place  
Miami, Florida 33143  
(305) 221-2775  
(305) 221-1098 Fax