

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED

Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # K22158

1. Corporation Name

TEMPO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7911 NW 72 AVENUE
SUITE 218 BOX 118
MEDLEY FL 33126

7911 NW 72 AVENUE
SUITE 218 BOX 118
MEDLEY FL 33126

2. Principal Place of Business

2a. Mailing Address

21 C/O ADVANTAGE CARGO

26 C/O ADVANTAGE CARGO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1766 N.W. 82 AVE

27 1766 N.W. 82 AVE

City & State

City & State

23 MIAMI FL 33126

28 MIAMI FL

Zip

Zip

24 33126

29 33126

Country

Country

25 DADE

30 DADE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/25/1988

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0071020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Robert G. Breier, Esq.

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

1320 S. Dixie Highway - Ste. 830

83

84 City

Coral Gables

FL

85 Zip Code

33146

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MANOPLA, JOSE
STREET ADDRESS 7911 NE 72 AVE ST 218
CITY-ST-ZIP MEDLEY FL

TITLE S ☒ DELETE

NAME MANOPLA, ALBERT
STREET ADDRESS 2922 N. 33 TERRACE
CITY-ST-ZIP HOLLYWOOD FL

TITLE STD ☒ DELETE

NAME MANOPLA, ALBERT
STREET ADDRESS 2922 NORTH 33 TERRACE
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

305-667-0046
Daytime Phone #

CR2E034 (12/95)