

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # **K25800 (9)**

1. Corporation Name
TAMEL PROPERTIES, INC.



Principal Place of Business: **16175 NW 49 AVE MIAMI FL 33014-314 US**
Mailing Address: **16175 NW 49 AVE MIAMI FL 33014-314 US**

3. Date Incorporated or Qualified: **06/07/1988**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **65-0056466**
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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **26**
City & State: **22** City & State: **27**
Zip: **23** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**COPROLITE CORPORATION
1400-A AMERIFIRST BUILDING
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131**

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: **FL**

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURGEL, CARLOS A.P.	
STREET ADDRESS	16175 NW 49TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SOARES, RUI	
STREET ADDRESS	16175 NW 49TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SAVANE, BRUCE	
STREET ADDRESS	16175 NW 49 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVTS	<input type="checkbox"/> DELETE
NAME	ESTIMA, LUIS F.	
STREET ADDRESS	16175 NW 49 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLENKER, DAVID	
STREET ADDRESS	16175 NW 49TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/AT SOARES, RUY
2.3 STREET ADDRESS	16175 N.W. 49th Ave.
2.4 CITY-ST-ZIP	Miami, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS BLOOM, SI H.
6.3 STREET ADDRESS	16175 N.W. 49 Ave.
6.4 CITY-ST-ZIP	Miami, FL

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: *David Blenker* **2/2/96** **624-1115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)