FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 AM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K30738 (4)

1. Corporation Name
TEGAKY CORPORATION

Principal Place of Business	Mailing Address
~~17905 S.W. 108TH STREET~~ ~~P.O. BOX 434000~~ 465 Ridge Road Coral Gables Florida 33143 US ~~MIAMI FL 33187~~ ~~US~~	P.O. BOX 43-1274 ~~P.O. BOX 434000~~ MIAMI FL 33243 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1988	3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0068200	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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PICAYO, RICHARDO~~ RICARDO PICAYO ~~17905 S.W. 108TH STREET~~ ~~MIAMI FL 33187~~ P.O. Box 43-1274 Miami Florida 33243	81 Name: Picayo Ricardo 82 Street Address (P.O. Box number is Not Acceptable): 465 Ridge Road 83 84 City: Miami FL 85 Zip Code: 33143

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	PICAYO, RICARDO	12 NAME	465 Ridge Rd.
STREET ADDRESS	~~17905 S.W. 108TH STREET~~ ~~P.O. Box 43-1274~~ 465 Ridge Road Coral Gables, FL 33143	13 STREET ADDRESS	Coral Gables FL 33143
CITY-ST-ZIP	~~MIAMI FL 33243~~	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	PICAYO, MARIA	22 NAME	465 Ridge Rd
STREET ADDRESS	~~17905 S.W. 108TH STREET~~ ~~P.O. Box 43-1274~~ 465 Ridge Road Coral Gables FL 33143	23 STREET ADDRESS	Coral Gables FL 33143
CITY-ST-ZIP	~~MIAMI FL 33243~~	24 CITY-ST-ZIP	
TITLE	P RICARDO PICAYO	31 TITLE	☒ Change ☐ Addition
NAME	PICAYO, JOSE ~~RICHARDO~~	32 NAME	465 Ridge Rd
STREET ADDRESS	~~17905 S.W. 108TH STREET~~ ~~P.O. Box 43-1274~~ 465 Ridge Rd. Coral Gables FL 33143	33 STREET ADDRESS	Coral Gables FL 33143
CITY-ST-ZIP	~~MIAMI FL 33243~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Ricardo Picayo 1/16/95 (305)663-8739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0431618 FP