

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # K30738

(4)

1. Corporation Name
TEGAKY CORPORATION



Principal Place of Business

465 RIDGE ROAD
CORAL GABLES FL 33143
US

Mailing Address

P.O. BOX 43-1274
MIAMI FL 33243
US

3. Date Incorporation or Qualified 08/11/1988	3a. Date of Last Report 02/27/1995
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	
10. Name and Address of New Registered Agent	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

RICARDO, PICAYO
465 RIDGE ROAD
MIAMI FL 33143

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ DELETE	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY, ST, ZIP		3. CITY, ST, ZIP	
4. NAME	☐ DELETE	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	
7. NAME	☐ DELETE	7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME	☐ DELETE	10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. NAME	☐ DELETE	13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. CITY, ST, ZIP	
16. NAME	☐ DELETE	16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST, ZIP		18. CITY, ST, ZIP	

14. I 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 in each other block with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose R. Picayo
President

1-16-96 (305) 663-8739

CR2E034 (12/95)