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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # **TEGAKY CORPORATION** Principal Place of Business 465 RIDGE ROAD **CORAL GABLES FL 33143** 

2. Principal Place of Business

Suite. Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

Mailing Address

P.O. BOX 43-1274

MIAMI FL 33243

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

Country

25

## **FILED** Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Yes

Not Applicable

3. Date Incorporated or Qualified 08/11/1988

65-0068200

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FE! Number

g. Name and Address of Correin Registered Agent					10. Name and Address of New negistered A	Aeru	
RICARDO, PICAYO			81 Name				
465 RIDGE ROAD			82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33143							
			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							
	Signature, typed or printed name of registered agent and title if applicable.		d Agent s	signature re	equired when reinstating) DATE	0.050707	
12.	OFFICERS AND DIRECTORS  DEL DEL	13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	PICAYO, RICARDO				'	Change	☐ Addition
NAME	ACE DIDGE DO						
STREET ADDRESS	O CARLES EL		TREET ADI				
CITY-ST-ZIP			TY-ST-Z	IP		Change	Addition
TITLE				ı	· ·	Change	Mapition
NAME	PICAYO, MARIA	22N/					
STREET ADDRESS	465 RIDGE RD.	1	FREET ADE				
CITY - ST - ZIP	C. GABLES FL		ITY-ST-Z	ZIP			l sage
TITLE	P DEL				1	Change	Addition
NAME	PICAYO, JOSE RICHARDO	3.2 N/		ļ			l
STREET ADDRESS	465 RIDGE RD.	3.3 ST	rreet adi	DRESS			
CITY-ST-ZIP	C. GABLES FL		ITY-ST-Z	21P		7	<u> </u>
TITLE	DET	.ETE 4.1 TI	TLE		Ţ	Change	Addition
NAME		4. 2 N	AME				
STREET ADDRESS		4.3 51	HEET ADE	DRESS			1
CITY - ST - ZIP			TY-ST-Z	IP		10.	
TITLE	DEL				l	Change	Addition
NAME		5.2 N/		- 1			
STREET ADDRESS		5.3 \$7	REET ADD	DRESS			
CITY - ST - ZiP			TY-ST-Z	IP			
TITLE	L DEL	ETE 6.1 TI	TLE		ı	Change	Addition
NAME		6.2 N/	ME				
STREET ADDRESS	\ )^	6.3 ST	REET ADD	DRESS			
CiTY-ST-ZIP			TY-S7-Z				
14. I hereby certify that the information supplied with this filling loces 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 of the receive for this earned that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receive for the same legal effect as if made under oath; that I am an officer or director of the corporation of the receive for the same legal effect as if made under the same legal effect							
Block 12 or Block 13 if changed, or on an attachyright with an address.							

THE TWE KICKTON FICKLYD

Country

30