

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L23224** (3)

1. Corporation Name

**TEKMART INTERNATIONAL CORPORATION**



Principal Place of Business

**9240 FONTAINEBLEAU BLVD., #509  
MIAMI FL 33172  
US**

Mailing Address

**C/O CARLOS A. CABEZAS  
P.O. BOX 526223  
MIAMI FL 33152-6223  
US**

3. Date Incorporated or Qualified  
**10/16/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **19200 EAST SAINT ANDREWS DR**

2b. Mailing Address

26 **19200 EAST ST. ANDREWS DRIVE**

4. FEI Number  
**65-0149764**

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

23 **MIAMI, FL**

City & State

27 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip

Country

24 **33015**

25 **dade**

Zip

Country

29 **33015**

30 **DADE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CABEZAS, CARLOS A  
9240 FONTAINEBLEAU BLVD., #509  
MIAMI FL 33172**

81 Name  
**CABEZAS, CARLOS A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**19200 EAST ST. ANDREWS DRIVE**  
83  
84 City  
**MIAMI** **FL** 85 Zip Code  
**33015**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

**CARLOS A. CABEZAS**

**4/25/96**

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CABEZAS, CARLOS A.</b>	
STREET ADDRESS	<b>9240 FONTAINEBLEAU BLVD., #509</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CABEZAS, DOLORES M.</b>	
STREET ADDRESS	<b>9240 FONTAINEBLEAU BLVD., #509</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<b>P/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<b>CABEZAS, CARLOS A.</b>	
1.3 STREET ADDRESS	<b>19200 E. ST. ANDREWS DRIVE</b>	
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33015</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>V/S/D</b>	
2.2 NAME	<b>CABEZAS DOLORES M</b>	
2.3 STREET ADDRESS	<b>19200 EAST ST. ANDREWS DRIVE</b>	
2.4 CITY - ST - ZIP	<b>MIAMI, FL 33015</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**CARLOS A. CABEZAS**

**4/25/96**

**(305) 829-0265**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

(LOCAL PHONE)

CR2E034 (12/95)