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

DOCUMENT # M80264 (8)

1. Corporation Name

TCHINE II, INC.

Principal Place of Business	Mailing Address
1400 WEST FAIRBANKS SUITE 102 WINTER PARK FL 32789	1400 WEST FAIRBANKS SUITE 102 WINTER PARK FL 32789

3. Date Incorporated or Qualified: **05/11/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 c/o GENWICK INT'L INC	26 6900 S. ORANGE Blossom trail
22 Suite, Apt. #, etc. 6900 S. ORANGE Blossom tr. Suite 432	27 Suite, Apt. #, etc. Suite 432.
23 City & State ORLANDO FL	28 City & State ORLANDO Florida
24 Zip 32809 — 25 Country USA.	29 Zip 32809 — 30 Country USA.

4. FEI Number: **59-2890730** — 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

9. Name and Address of Current Registered Agent

MINEOLA, INC
6348 COOPERS GREEN COURT
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: MINEOLA INC.
82 Street Address (P.O. Box Number is Not Acceptable): 6900 S. ORANGE Blossom trail
83 Suite 432
84 City: ORLANDO **FL** 85 Zip Code: 32809

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 before entity filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASQUEFA, GUY J. 1400 W. FAIRBANKS #102 WINTER PARK FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D MASQUEFA, GUY J. 6900 S. ORANGE blossom trail #432 ORLANDO FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUBERT, MASQUEPA 6348 COOPER'S GREEN CIR ORLANDO FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D HUBERT MASQUEFA 6900 S ORANGE Blossom trail #432 ORLANDO FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status 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: ✓ M. J. Masquefa. 4-26-96.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #