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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008982 (0)

TENLAR, INC.

| | | • | | | | | | | | | | | | | | |
|--|---------------------------------------|------------------|---------|--------------|------|---|--------------------|-------------|-----------------------|------|---------------------------------------|--|--|---------------------------------|-------------------------------|----------------|
| Principal Place of Business Mailing Address | | | | | | | | | | | | | 4 18211021 110 19110 11841 08411 09111 801 | I 40 (1) 40 (8) | | 111 |
| 8885 SOUTH BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133 | | | | | | 2665 SOUTH BAYSHORE DRIVE SUITE 302 COCONUT GROVE FL 33133-5402 | | | | | | | | | | |
| | | | | | | | | | | | | | Date Incorporated or Qualified 11/30/1992 | | ate of Last 27/1996 | |
| 2. Principal Place of Business | | | | | | 2a. Mailing Address | | | | | | 4. | FEI Number | | | Applied For |
| 21 | | | | | | 26 | | | | | | ļ | 65-0399173 | | | Vot Applicable |
| 22 | | | | | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | | |
| 23 | | | | | | City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| | Zip | | Cour | itry | ļ., | Zip | | ├ ~¬ | Country | У | | 1 | This corporation has liability for | | _ | s. 199.032, |
| 24 26 | | | | | | 29 30 | | | | | | Florida Statutes Yes No | | | | |
| Name and Address of Current Registered Agent | | | | | | | | | 81 | ıΤ | Name | | | | | |
| CONSTRUCTA PROPERTIES INC. | | | | | | | | | | L | | | | | | |
| 2665 SOUTH BAYSHORE DRIVE SUITE 302 | | | | | | | | | 82 | | Street Addre | s s (P. | O, Box Number is Not Acceptal | ole) | | |
| COCONIT GROVE FL 33133 | | | | | | | | | 83 | 1 | | | | | | |
| | <u> </u> | · | O12 12 | 00100 | | | | | 84 | . - | Chu | | | | 05 70 | n Code |
| | | | | | | | | | | | City | | | FL | , ` ` | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purportice 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | | | ourpose o pt the app | f changing pointment a | its registered as registered | | |
| SI | ONATURE . | | | | ., | | | | | | | | | | | |
| | | Signature, typed | | OFFICERS AND | | | (NO | | 13. | gent | signature required | | reinstating) ADDITIONS/CHANGES TO OFFIC | DATE CERS AND | DIRECTO | ORS IN 12 |
| 12 | | D | | OF TOCHS AND | DINL | | DELFTE | | 1.1 TITLE | | · · · · · · · · · · · · · · · · · · · | | ADDITIONS/CHANGES TO OFF | DETIO ATT | Change | |
| NA | | TENDRO | N. RENE | | | | | | 1.2 NAME | | | | | | | |
| i i | STREET ADDRESS 2665 S. BAYSHORE DRIVE | | | | | | | | 1.3 STREE | TAE | ODRESS | | | | | |
| OIT | Y-\$1-ZIP | COCONU | JT GROV | Æ FL 33133 | | | | | 1.4 CITY- | ST- | ZIP | | | | | |
| TIT | | D | | | _ | | DELETE | | 2.1 1(TLE | | | | | | Change | e L Addition |
| NA. | ME | | | DRLIN, MARIE | F | | | | 2.2 NAME | | | | | | | |
| STI | STREET ADDRESS 2665 S. BAYSHORE DRIVE | | | _ · | | | 2 3 STREET ADDRESS | | | | | | | | | |
| | CITY-ST-ZIP COCONUT GROVE FL 33133 | | | | | | | | 2.4 C(TY+ST+Z(P | | | | | | Change | e Addition |
| ı | · · | | | | | L | I DELETE | | 3.1 TITLE 3.2 NAME | | | | | | Orientite | - La naviuali |
| NA. | | | | | | | | | 3.3 STREE | | DOBESS | | | | | |
| 1 | EET ADDRESS Y-ST-ZIP | | | | | | | | 3.4. CHY- | | | | | | | |
| TIT | | | | | | | DELETE | | 4.1 TITLE | 5, | | | | | Change | e Addition |
| NA | | | | • | | | | ļ | 4. 2 NAME | E. | | | | | | |
| STI | REET ADDRESS | | | | | | | | 4.3 STREE | T A | DDRESS | | | | | |
| ı | Y-\$1-ZIP | | | | | | | | 4.4 CITY- | \$1- | ZIP | | | | | |
| TIT | | | | | | | DELETE | | 5.1 3 (TLE | | | | | | Change | e Addition |
| NA | ME | | | | | | | | 5.2 NAME | | | | | | | |
| STO | REET ADDRESS | | | | | | | | 5.3 STREE | IA T | DDRESS | | | | | |
| , | Y-\$1-ZIP | | | | | | Locuces | | 5.4 CITY- | | ZIP | | | | Change | e Addition |
| TIT | i | | | | | L |) DELETE | | 6.1 TITLE | | | | | | L., CHANGE | • C WOULDIN |
| 1 | ME | | | | | | | ĺ | 6.2 NAME | | DDDCCe | | | | | |
| STI | REET ADDRESS | | | | | | | ĺ | 6.3 STREE | | | | | | | |

14. I do hereby certify that the information supplied with this filing 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.