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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

P92000011016 (2)

DOCUMENT # P92000
1. Corporation Name
T.C.F. MARKETING CORPORATION

Principal Place of Business Mailing Address					1 (001190) 310 (0010 1101)	1 (881) 201 115 (811) 11011 11011 11011 11011 11011 11011 11011 11011 11011		
501 BRICKE	LL KEY OR	501 BRICKELL KEY	DR					
STE 106		STE 106						
MIAMI FL 33	1131	MIAMI FL 33131			 Date Incorporated or Qualified 12/08/1992 	3a. Date of La 07/1	st Report 7/1995	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For	
1 60/ 6.	RICKELL KEY DR	26 SAME			65-0376400	l	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	11 7 -	.75 Additional ee Required	
City & State	V 61	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be	
23 <i>M A M</i> Zip	Country	[28] Zip	Countr		8. This corporation has liability for			
4 33/3/	30		' '	·				
· , , , , , ,	9. Name and Address of Current	29 Registered Agent			10. Name and Address of New	Registered Agen	t	
			8.	Name				
MARTINEZ CHRISTENSEN, CARLOS			82	2 Street Address (P.O. Box Number is Not Acceptable)				
501 BH STE 10	ickell key dr 6		8:	3				
	FL 33131		0.	1 03.		ToE	Zip Code	
11.0			84	City		FL 85	Zipi Code	
SIGNATURE	, and accept the obligations of, Section gradue, typed or pince rene of rejetired againt as			ont signature	usy ired when reinstang)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
THILE	PVD	DOLETE	1 1 THTL	:	V NOT INC.	Ch:	ange 💢 Addition	
NAME	MARTINEZ CHRISTENSEN, C		1.2 NAMI	_	MARINEZANCELIKE	SNP. HS	5//	
STREET ADDRESS	501 BRICKELL KEY DR #106	3	1.3 STRE	ET ADDRESS	MARTINEZ NICOLA 601 BRICKELL KE MIAMI FL 33	יין אען:		
CHTY-S1-ZIP	MIAMI FL 33131		1.4 CITY		MIAMI 72 331			
TITLE	ST	DELETE	2 1 11(1)			Ch	ange Addition	
NAME	MARTINEZ CHRISTENSEN, F		2.2 NAMI					
STREET ADDRESS	501 BRICKELL KEY DR #100	5		et addréss				
CITY-S1-ZIP	MIAMI FL 33131	ET DELETE	2 4 City			∏ Ch	ange	
TITLE		[] DELFTE	3 1 THTL				ange [Nacition	
NAME			3.2 NAM					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP TITLE		T) DELETE	3.4 CITY 4. 1 1 () L			☐ Ch	ange 🔲 Addition	
NAME			4.2 NAM				V 23	
STREET ADDRESS				et address				
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5. 1 TriL			☐ Ch	ange 🔲 Addition	
NAME			5.2 NAM					
STREET ADDRESS			53 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 C/1Y	- ST - ZIP				
1ITLE		DELETE	6. 1 TITE	F		Cr	ange 🔲 Addition	
NAME			6.2 NAM	£				
STREET ADDRESS			6.3 STR	ET ADORESS				
CITY-ST-ZIP			6.4 CITY	· \$1 · ZIP	1			
certify that oath; that I	the information indicated on this admits am an officer or birector of the compa	il rencut or turnilamental ani	nual report is ec empowere	true and a	alify for the exemption stated in Section 11 accurate and that my signature shall have that this report as required by Chapter 697,	ie same legal effec	t as it made under	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR