

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 # P92000011016 (2)

1. Corporation Name

T.C.F. MARKETING CORPORATION



Principal Place of Business

501 BRICKELL KEY DR
STE 106
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DR
STE 106
MIAMI FL 33131

2. Principal Place of Business

21 601 BRICKELL KEY DR

Suite, Apt. #, etc.

22 511

City & State

23 MIAMI FL

Zip

24 33131

Country

25 DADE/USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

29 33131

Country

30 DADE/USA

3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

07/17/1995

4. FEI Number

65-0376400

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

MARTINEZ CHRISTENSEN, CARLOS
501 BRICKELL KEY DR
STE 106
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PVD
STREET ADDRESS MARTINEZ CHRISTENSEN, CARLOS
CITY-ST-ZIP 501 BRICKELL KEY DR #106
MIAMI FL 33131

TITLE ☐ DELETE

NAME ST
STREET ADDRESS MARTINEZ CHRISTENSEN, FEDERICO
CITY-ST-ZIP 501 BRICKELL KEY DR #106
MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME V
1.3 STREET ADDRESS MARTINEZ NICOLAS
1.4 CITY-ST-ZIP 601 BRICKELL KEY DR #511
MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (305) 372-5069
Date Daytime Phone #

CR2E034 (12/95)