Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90191 031 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000032091

1. Corporation Name

TCA 93,	INC.						
Principal Place	of Rusiness	Mailing Address					
Principal Flace of Business 601 BRICKELL KEY DR. SUITE-805 505 MIAMI FL 33131		601 BRICKELL KEY DR. Suite 605 Miami Fl 33131			DO NOT WRITE IN TI	11S SPACE	
MINNI IC COICE					3. Date incorporated or Qualifed 05/04/1993		
2. Principal Pl	ace of Business	2a. Mailing Address	•		4. FEI Number	<u> </u>	olied For
21		26			65-0407386		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		f,dditional equired
22		City & State			a Flui Ourrain Financing		May Be
City & State	9				6. Election Campaign Financing Trust Fund Contribution		may be to Fees
Zip	Country		Country		8. This corporation owes the current year		
24	25		30	,	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren		,		10. Name and Address of New Register	ed Agent	
			81	Name			
SAICHEK, LAWRENCE A ESQ			82	Street Ad	dress (P.O. Bo (Number is Not Acceptable)		
601 BRICKELL KEY DR.			02	. Direct Au			
SUITE-605-505			83				
MIAMI FL 33131			84	City		85 Zip	Code
				,	•	L	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	tnorizea by	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its	registered egistered
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable (NO F: I	Registered Age	ent signature réci.	pired when reinstating DATE		
12.		O DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	7S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	RUWITCH, LEE		1.2 NAME]
STREET ADDR::SS			1.3 STREE	T ADDRESS			j
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY- 8	ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	DUJANOVIC, THOMAS A		2.2 NAME				í
STREET ADDR ESS	601 BRICKELL KEY DR. #605	95 5 05 235		T ADDRESS			İ
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-	ST-ZIP			
TITLE	STD	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	Ruwitch, Robert		3.2 NAME				
STREET ADOR!:SS	601 BRICKELL KEY DR. #605	505	33STREE	ET ADDRESS			Ì
CITY-ST-ZIP	MIAMI <u>FL 33131</u>		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE			Change	Addition
NAME			4 2 NAME	:			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP		. <u></u> -	4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				

14. I herety 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 corpors tion 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNAT JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-20-99 375-571-3902

☐ Change

☐ Addition

CR2E034 (11/98)