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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # P93000050684 (8)

i. Corporation i							
TEKNO (COMIX, INC.						
_							
Principal Place o	f Business	Mailing Address					
2255 GLADES	RD.	2255 GLADES RD.					
SUITE 237W BOCA RATON FL 33431		SUITE 297W BOCA RATON FL 33431		Date Incorporated or Qualified			ort
BOCA RATON	FL 33431	00011111101112	•	07/20/1993		1/1995	
		La Maria Addaga		4. FET Number 65-049		··~÷	pled For
 Principal Place 	e of Business	2a. Mailing Address 26		-65-0305686 -	1211	No.	t Applicable
Suite, Apt. #.	ato	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional
2	etc.	27				Fee Re	
City & State		City & State		6. Litection Campaign Financing		7	May Be to Fees
3		28	_т =	Trust Fund Contribution 8. This corporation has liability for			
Zip	Country	Zip	Country	Florida Statutes	es No	anger a	00.001
4	9. Name and Address of Current	29 Registered Agent	30]	10. Name and Address of New		gent	
	9. Name and Address of Corrent	. 110 gistor ou vigorit	81 Name				
AADDAD	ATION INFORMATION SERVICES	s INC	82 Street Add	dress (P.O. Box Number is Not Accept	able)		
1201 HA		J IIIU.	Street Act				
	SSEE FL 32301		83				
ואנטאווא	30EE 1 E 0E301		84 City			85 Zip	Code
					FL	Ling ito ro	nistored office
	the provisions of Sections 607,0502 d agent, or both, in the State of Florid n, and accept the obligations of, Section			and of directors. Thereby accept the as	opóintment as re	eg-stereo a	
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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, furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes and the 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 logge effect as if made under certify that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as recurred by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or or an arachment with an address.

IGNATURE

| Chapter |

SIGNATURE