

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000059326 (7)**

1. Corporation Name  
**T.B.I.F., INC.**



Principal Place of Business

**2613 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33304**

Mailing Address

**2613 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SINGH, SURUGNARINE  
2613 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33304**

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Principal Registered Agent (if not applicable)

Signature of Registered Agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**D MARTINS, RUI**

STREET ADDRESS

**2613 E. SUNRISE BLVD.**

CITY- ST- ZIP

**FT. LAUDERDALE FL 33304**

TITLE

☐ DELETE

NAME

**D SINGH, SURUGNARINE**

STREET ADDRESS

**30 NE 97TH ST.**

CITY- ST- ZIP

**MIAMI SHORE FL 33138**

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. TITLE

☐ Change

☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. TITLE

☐ Change

☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. TITLE

☐ Change

☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. TITLE

☐ Change

☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. TITLE

☐ Change

☐ Addition

62. NAME

63. STREET ADDRESS

64. 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, hereon, or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)