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PROFIT CORPORATION ANNUAL REPORT

1996



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

. Corporation I	MENT # P9300 Name TE INVESTMENTS, INC.	00059429 (9	9)		
nnopal Place o	o' Business	Mailing Address	······································		I RONK ORIN ORIOT OTHE IBILI STOAT HOUSE TOUT TOOL
	D STRATTON ESO RD SUITE 2B	% DOUGLAS D STR/ 407 LINCOLN RD SI MIAMI BEACH FL 33	UITE 2B		
WINNE CENTRE		WINNI DENOTE OF		3. Date Incorporated or Qualification 08/25/1993	oed 3a. Date of Last Report 02/14/1995
Principal Plac	ce of Business	2a. Mailing Address 26		4. FEI Number 65-0453930	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Crty & State		6. Election Campaign Financin	
Ziţi	Country	28] Ζφ	Country	Trust Fund Contribution 8. This corporation has liability	for intangible tax under s 199.032,
	25	29	[30]	, , , , , , , , , , , , , , , , , , , ,	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of Ne	ow Registered Agent
	STRATTON, DOUGLAS D ESQ 407 LINCOLN RD			dress (P.O. Box Number is Not Acce	ptable)
SUITE 28			83		
MIAMI BI	EACH FL 33139		84 City		85 Zip Code
or registere familiar with DNATURE	of deapent, or both, in the State of Floring and accept the obligations of, Sec	ida. Such change was authori tion 607.0505, Florida Statute	ized by the corporation's bo	ard of directors. I hereby accept the	e purpose of changing its registered offic appointment as registered agent. I am
		ND DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
F	DP DIVERS MARIA C	DELETE	1 11116		Change Addition
lit	RIVERO, MARIA C 12700 SW 112TH ST		1.2 NAME		
EFF ADDRESS	MIAMI FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
F	DV	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
16	RIVERO, JORGE L		2 2 NAME		
EFT ACORESS	12700 SW 112TH ST MIAMI FL		2 3 STHEET ADDRESS		
F 51 , ZIP	MIAMI FL	DELETE	2 4 City - St - ZiP 3 1 Title		Change Addition
1,			3 2 NAME		
ET ADORESS			3.3 STREET ADDRESS		
ST ZIF			3.4 CITY-ST-ZIP		
f		☐ DELETE	4 1 TIFLE 4 2 NAME		☐ Change ☐ Addition
AFT ADDRESS			4.3 STHEET ADDRESS		
SE ZIF			4.4 City-ST-ZiP		
		☐ DELETE	5 1 THLE		☐ Change ☐ Addition
,u			5 2 NAME		
EL ADDRESS			5 3 STHEET ADDRESS		
r 51 216		☐ DELETE	6 1 TITLE		Change Addition
· /			6 1 IIILE 62 NAME		C CHRONE C MOUNTAIN
			6 3 STREET ADDRESS		
			■ *** *******		
r: ET AUCHESS IV - ST - ZIP			6 4 CITY - ST - ZIP		
eFFAUCHESS Y-S1-ZIP Lido hereby certify that lioath, that I	the information indicated on this ani	nual report or supplemental an oration or the receiver or trust	mished and does not qualify inual report is true and accu see empowered to execute t	rate and that my signature shall have	119.07(3)(k), Florida Statutes. I further the same legal effect as if made under 17, Florida Statutes; and that my name
: ET AUCHESS (- ST-ZIP - I do hiereby certify that oath, that I	the information indicated on this and annian officer or director of the con- Block 12 or Block 13 frehanged, or	nual report or supplemental an oration or the receiver or trust	mished and does not qualify inual report is true and accu see empowered to execute t	rate and that my signature shall have his report as required by Chapter 60	the same legal effect as if made under