

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000002402 (3)

1. Corporation Name

TCA 94-AM, INC.

Principal Place of Business

601 BRICKELL KEY DR., SUITE 605
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DR., SUITE 605
MIAMI FL 33131

2. Principal Place of Business

21 State App. No. 22

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 State App. No. 27

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

SAICHEK, LAWRENCE A
601 BRICKELL KEY DR.
SUITE 605
MIAMI FL 33131

3. Date Incorporated or Qualified

01/11/1994

3a. Date of Last Report

03/23/1995

4. FLE Number

65-0460058

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. 195.032,
Florida Statutes.

Yes No

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 607.01(2) and 607.01(3), 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 607.05(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE PD
NAME RUWITCH, LEE
STREET ADDRESS 601 BRICKELL KEY DR., SUITE 605
CITY, ST, ZIP MIAMI FL 33131

2. TITLE SD
NAME RUWITCH, ROBERT
STREET ADDRESS 601 BRICKELL KEY DR., SUITE 605
CITY, ST, ZIP MIAMI FL 33131

3. TITLE VD
NAME DUJANOVIC, THOMAS A
STREET ADDRESS 601 BRICKELL KEY DR., SUITE 605
CITY, ST, ZIP MIAMI FL 33131

4. TITLE TD
NAME SAICHEK, LAWRENCE A
STREET ADDRESS 601 BRICKELL KEY DR., SUITE 605
CITY, ST, ZIP MIAMI FL 33131

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I do hereby certify that the information supplied herein for 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 furnished on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the receiver or trust agent of the corporation. If I am not a registered agent, I am not required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am not affiliated with any other firm.

SIGNATURE:

Thomas A. Dujanic, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 1996 305/577-3902

CR2E034 (12/95)