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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

SIGNATURE:

P94000003053 (3)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TEQUESTA CONSULTING SERVICES, INC.  Principal Place of Business  Mailing Address  1056 CREEK FORD DRIVE TRADE CENTRE SOUTH #930 FT LAUDERDALE FL 33326  TEQUESTA CONSULTING SERVICES, INC.  Mailing Address  1056 CREEK FORD DRIVE TRADE CENTRE SOUTH #930 FT LAUDERDALE FL 33326  FT LAUDERDALE FL 33326									
US		us			3. Date incorporated or Qualified 3a. Date of Last Report				
2. Principal Place of Business		2a. Mailing Address			01/12/1994 4. FEI Number		06/30/1995		
21	<del></del>	26			65-0468546		<b>├</b>	Applied For Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed [		5 Additional	
City & State	;	City & State	<del></del>			· •		Required	
23		28			6. Election Campaign Financia Trust Fund Contribution	ng 🔲		<b>0</b> May Be	
Zip	Country	Zip	Country	y	This corporation has liability			d to Fees	
24	25	29	30			Yes No	lax uluel 9	199.032,	
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of N		1 Agent		
CHAICAI	V FILTI		81	Name					
SIMMONS, NEAL 7110 NW 4TH AVE		82 Street		Street Add	ddress (P.O. Box Number is Not Acceptable)				
SUITE 93			83	<del> </del> -				<del></del>	
	ATON FL 33487								
			84	,		FL		o Code	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida Statu da Such change was author	ites, the above i	L named corpo poration's boa	oration submits this statement for the ard of directors. I hereby accept the		<ul> <li>L</li> <li>nanging its r</li> <li>s registered</li> </ul>	egistered office agent. I am	
TOLIT TOTAL	-	en our obton righted Statute							
SIGNATURE		To the day i lond diving	<del>5</del> 5.						
SIGNATURE	Signature, typed or printed name of registered signal a	and blicina polication (N	NOTE: Registered Ages		ed whos veinstacing				
SIGNATURE s	Signature, typed or printed name of registeral agont a OFF ICERS AND	and title it applied to the DIRECTORS	NOTE Regulateral Ages			OFFICERS ANI		RS IN 12	
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SIGNATURE S 12. TITLE	Signature, typed or printed name of registeral agont a OFF ICERS AND	and title it applied to the DIRECTORS	NOTE Registered Agric  13. 1.1 THUE 1.2 NAME	rt signature require	ed whos veinstacing	OFFICERS ANI			
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SIGNATURE	OFFICERS AND PD GORDON, LORI 1056 CREEK FORD DRIVE FT LAUDERDALE FL VPD	and title it applied to the DIRECTORS	NOTE Registered Agric  13. 1.1 THUE 1.2 NAME	ADDRESS	ed whos veinstacing	OFFICERS ANI	Change	Addition	
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