

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
FILED

DOCUMENT # **P94000014778 (2)**

1. Corporation Name  
**TCB SYSTEMS, INC.**

95 MAY - 1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**13284 SW 40 TERRACE**      **13284 SW 40 TERRACE**  
**MIAMI FL 33175**      **MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/21/1994**

2. Principal Place of Business      2a. Mailing Address

21	<b>8600 Doral Blvd</b>	26	<b>8600 Doral Blvd</b>
22	Suite, Apt. #, etc. <b>#103</b>	27	Suite, Apt. #, etc. <b>#103</b>
23	City & State <b>Miami</b>	28	City & State <b>Miami</b>
24	Zip <b>Florida</b>	29	Zip <b>33166</b>
25	Country <b>USA</b>	30	Country <b>USA</b>

4. FEI Number      Applied For  
**65-0472355**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
 X

6. Election Campaign Financing      \$5.00 May Be Added to Fees  
Trust Fund Contribution     

8. This corporation has liability for retroactive tax under S. 1931 (1)(2) Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**ORUE, ROBERT**  
**13284 SW 40 TERRACE**  
**MIAMI FL 33175**

10. Name and Address of New Registered Agent

81	Name <b>Robert Orue</b>
82	Street Address (P.O. Box Number is Not Acceptable) <del>8600 Doral Blvd #103</del>
83	
84	City <b>Miami</b>
85	Zip Code <b>FL 33166</b>

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

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>ORUE, ROBERT</b>
STREET ADDRESS	<b>13284 SW 40 TERRACE</b>
CITY, ST, ZIP	<b>MIAMI FL 33175</b>
TITLE	<b>SD</b>
NAME	<b>ORUE, ZOILA</b>
STREET ADDRESS	<b>13284 SW 40 TERRACE</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b>
NAME	<b>ORUE, ROBERTO</b>
STREET ADDRESS	<b>11041 NW 7ST APT 103</b>
CITY, ST, ZIP	<b>MIAMI FL 33175</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY, ST, ZIP	
31	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	<b>ORUE, ZOILA</b>
33	STREET ADDRESS	<b>13284 SW 40 TERRACE</b>
34	CITY, ST, ZIP	<b>MIAMI, FLORIDA</b>
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST, ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST, ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY, ST, ZIP	

REMITTED BY MAY 3

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included 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 names or titles of persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert Orue**      4/20/95      305-717-0919