


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P94000014778 (2)</b> 1. Corporation Name <b>TCB SYSTEMS, INC.</b>		



Principal Place of Business <b>8800 DORAL BLVD SUITE 103 MIAMI FL 33166 US</b>	Mailing Address <b>M8600 DORAL BLVD SUITE 103 MIAMI FL 33166 US</b>
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2. Principal Place of Business 21 <b>7925 NW 12 Streeta</b> Suite, Apt #, etc 22 <b>#106</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33126</b>	2a. Mailing Address 26 <b>7925 NW 12 Streeta</b> Suite, Apt #, etc 27 <b>#106</b> City & State 28 <b>Miami, Florida</b> Zip 29 <b>33126</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>	3. Date Incorporated or Qualified <b>02/21/1994</b>	3a. Date of Last Report <b>05/01/1995</b>	4. FEI Number <b>65-0472355</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>ORUE, ROBERT 13284 SW 40 TERRACE MIAMI FL 33175</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				<b>FL</b>		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	PD <b>ORUE, ROBERT</b> <b>13284 SW 40 TERRACE</b> <b>MIAMI FL 33175</b>	1.2 NAME	
	SD <b>ORUE, ZOILA</b> <b>13284 SW 40 TERRACE</b> <b>MIAMI FL</b>	1.3 STREET ADDRESS	
	TD <b>ORUE, ZOILA</b> <b>13284 SW 40TH TERRACE</b> <b>MIAMI FL</b>	1.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.1 TITLE	
		5.2 NAME	<b>000001896110</b>
		5.3 STREET ADDRESS	<b>-07/17/96--01024--036</b>
		5.4 CITY - ST - ZIP	<b>***225.00</b>
		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **6/10/96** 305-717-0915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)