FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021971 (4)

T. & E.	INVESTMENT, CORP.			·	
		. •		A STATE OF THE STA	
Principal Plac	e of Business	Mailing Address			(A) 40 41 0 (2 40 1 24010 4012 4090) (201 100
12039 S.W. 133RD CT 12039 S.W. 133RD CT 4MAMI FL 33186 5853					
US	90	US			
				3. Date Incorporated or Qualified	3a. Date of Last Report
P. Principal P	lace of Business	28. Mailing Address		03/22/1994 4. FEI Number	04/16/1996 Applied For
21	add of Dusiness	26		65-0475394	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
22		27		o. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for	
24	25]	29	30		Yes No
	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent
	Z, MARIA		81 Name		
	39 S.W. 133RD CT.		82 Street Addr	ress (P.O. Box Number is Not Acceptate	ole)
, MIA	MI FL 33188		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	ites, the above-named corp	poration submits this statement for the p	
agent. I a	registered agent, or both, in the Stati im familiar with, and accept the oblig	o of Florida. Such change was pations of, Section 607.0505, F	aumorized by the corporat lorida Statutes.	poration submits this slatement for the plion's board of directors. I hereby acce	pi the appointment as registered
SIGNATURE					
12,	Signature, typed or printed name of registered ag	ont and title if applicable (NO ND DIRECTORS	TE: Registered Agent signature require 13.	rad when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TITLE	7,007,107,007,71,020,10,07,10	Change Addition
NAME	DIAZ, MARIA		1.2 NAME		
STREET ADDRESS	12939 S.W. 133RD CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 City-St-ZiP		,
TITLE		☐ DELETE	21 TOLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY-S1-ZIP 3.1 TIJLF		Change Addition
NAME			3.2 NAME		_ • •
STREET ADDRESS			3.3 STREE1 ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS City-St-21P			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-S1-ZiP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attackment will an address.

FILED

Apr 21 1997 8:00am

Secretary of State