

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000027088 (1)

1. Corporation Name  
TCA 94-F, INC.

Principal Place of Business  
601 BRICKELL KEY DR  
SUITE 605  
MIAMI FL 33131

Mailing Address  
601 BRICKELL KEY DR  
SUITE 605  
MIAMI FL 33131-2650



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1994		3a. Date of Last Report 04/05/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0485094		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPVS	<input type="checkbox"/> DELETE		11. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUWITCH, LEE			12. NAME			
STREET ADDRESS	601 BRICKELL KEY DR SUITE 605			13. STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			14. CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUWITCH, LEE			22. NAME			
STREET ADDRESS	601 BRICKELL KEY DR SUITE 605			23. STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			24. CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUJANOVIC, THOMAS A			32. NAME			
STREET ADDRESS	601 BRICKELL KEY DR SUITE 605			33. STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. CITY-ST-ZIP			

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 trustee 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-7-97 Daytime Phone #

CR2E034 (9/96)