

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000033986

1. Corporation Name
T D M I INC.

Principal Place of Business
**3201 NW SOUTH RIVER DR
 MIAMI FL 33142
 US**

Mailing Address
**3201 NW SOUTH RIVER DR
 MIAMI FL 33142
 US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.
 22 City & State
 23 Zip Country
 24

26 Suite, Apt #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

**MARTIN, TOMMY D
 5440 N.W. 104 CT.
 MIAMI FL 33178**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature not required when agent is not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTIN, TOMMY D	
STREET ADDRESS	5440 N.W. 10 CT.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARTIN, JOHANNE	
STREET ADDRESS	5440 N.W. 104 CT.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
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	

50 FEB 22 01 2:01

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified
05/04/1994
- 4. FEI Number
65-0496738 Applied For Not Applicable
- 5. Certificate of Status Desired **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax Yes No
- 10. Name and Address of New Registered Agent

7000002785797--1
 -02/24/99-01057-023
 ****150.00 ****150.00

J. 22 96

14. I 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, with all other like empowered

SIGNATURE: *Johanne Martin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99. 905-6336420
 Date Daytime Phone

0271887

CR2E034 (11/98)