

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
(Division of Corporations)

DOCUMENT # P94000041105 (5)

1. Corporation Name:

T AND I, INC.

**APPROVED
AND
FILED**

55 MAY -1 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business:

**9251 SW 20TH STREET
MIAMI FL 33165**

Main Office:

**9251 SW 20TH STREET
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

05/27/1994

38. Date of Last Report:

2. Principal Place of Business:

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26. Mailing Address:

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4. FEI Number:

65-0502191

Applies For:

Not Applicable

State: Apt. #:

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State: Apt. #:

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5. Certificate of Status Desired:

**\$8.75 Additional
Fee Required**

City & State:

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City & State:

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6. Election Campaign Financing
Trust Fund Contribution:

**\$5.00 May Be
Added to Fees**

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9. Name and Address of Current Registered Agent

**MONDEJO, TERESA
10020 SW 12 TERR
MIAMI FL 33174**

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 607.04, 607.05, and 607.1501, 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 405.06, 607.0405, Florida Statutes.

SIGNATURE:

Print name of person who is filing this report (SEE INSTRUCTIONS)

Print name of person who is accepting appointment as registered agent (SEE INSTRUCTIONS)

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12. OFFICERS AND DIRECTORS:

1. NAME	D
2. STREET ADDRESS	MONDEJO, TERESA
3. CITY, STATE, ZIP	10020 SW 12 TERR MIAMI FL 33174
4. NAME	D
5. STREET ADDRESS	RODRIGUEZ, ISIDRO
6. CITY, STATE, ZIP	3424 W FLAGLER ST APT 1 MIAMI FL 33135
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. NAME	
17. STREET ADDRESS	
18. CITY, STATE, ZIP	
19. NAME	
20. STREET ADDRESS	
21. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	
18. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law for Florida's Florida Statutes. I hereby certify that the information included in the annual report or supplementary 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 person or persons responsible for providing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1, if changed, on an attachment with an addition.

SIGNATURE:

Isidro E. Rodriguez
SIGNATURE AND PRINTED NAME OF FILING OFFICER OR DIRECTOR

04/28/95

(305) 202-2222