

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

**CORPORATION
ANNUAL REPORT
1995**



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

**-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 AM 11:38

DOCUMENT # P94000045903 (9)

1. Corporation Name

TEGA INC.

Principal Place of Business

**8300 S.W. 8TH ST.
SUITE 303
MIAMI FL 33144**

Mailing Address

**8300 S.W. 8TH ST.
SUITE 303
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0512767

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

**INSUA, ARISTIDES M
8300 S.W. 8TH ST.
SUITE 303
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name

ARISTIDES MENDEZ-INSUA

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 required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MENDEZ-INSUA, ARISTIDES

STREET ADDRESS

8300 S.W. 8TH ST., STE. 303

CITY - ST - ZIP

MIAMI FL 33144

TITLE

D

NAME

MENDEZ-INSUA, JUANA

STREET ADDRESS

8300 S.W. 8TH ST., STE. 303

CITY - ST - ZIP

MIAMI FL 33144

TITLE

D

NAME

FERNANDEZ-CAUBI, LUIS

STREET ADDRESS

9150 FONTAINEBLEU BLVD., SUITE 509

CITY - ST - ZIP

MIAMI FL 33172

TITLE

V

NAME

ORTEGA-TAIN, JOSE

STREET ADDRESS

8300 SW 8th St., Ste 303

CITY - ST - ZIP

MIAMI FL 33144

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PT

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

V

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

S

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

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 it makes 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Juana Mendez
SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Juana Mendez-Insua, Vicepres.

02/03/95 (305)2622351

Date

Daytime Phone #