

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000045903 (9)**

1. Corporation Name

TEGA INC.



Principal Place of Business

Mailing Address

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

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SUITE 303
MIAMI FL 33144**

3. Date Incorporated or Qualified
06/20/1994

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

**MENDEX-INSUE, ARISTIDES
8300 S.W. 8TH ST.
SUITE 303
MIAMI FL 33144**

81 Name

MENDEZ-INSUA, ARISTIDES

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 of Registered Agent (must be signed by a Florida resident)

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	MENDEZ-INSUA, ARISTIDES	
STREET ADDRESS	8300 S.W. 8TH ST., STE. 303	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	MENDEZ-INSUA, JUANA	
STREET ADDRESS	8300 S.W. 8TH ST., STE. 303	
CITY- ST- ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	FERNANDEZ-CAUBI, LUIS	
STREET ADDRESS	9150 FONTAINEBLEU BLVD., SUITE 509	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	ORTEGA-TAIN, JOSE	
STREET ADDRESS	8300 SW 8TH ST., STE 303	
CITY- ST- ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Aristides U. Mendez-Insua, P

1/24/96

(305) 262-2351

CR2E034 (12/95)