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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049819 (3)

T & E CORPORATION

Principal Place of Business Mailing Address 2646 W 84TH ST 2646 W 84TH ST HIALEAH FL 33016 HIALEAH FL 33016-5703 3a. Date of Last Report 3. Date Incorporated or Qualified 06/30/1994 02/20/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0506258 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROTHLEIN, JAY 930 WASHINGTON AVE 82 Street Address (P.O. Box Number is Not Acceptable) 2ND FLOOR MIAMI BEACH FL 33139 83 City 84 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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Styriature, typed of professional care of registered agent and title. Sapposable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ___ Change Addition □ DELETE TITLE 1.1 TITLE ZIGHELBOIM, LIA 1.2 NAME NAME 2646 W 84TH ST STREET ADORESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIF 14 CITY - ST - ZIP PT DELETE Change Addition TITLE 2.1 TITLE ZIGHELBOIM, JAIME NAME 2.2 NAME 2646 W 84TH ST 2.3 STREET ADDRESS STREET ADORESS HIALEAH FL 2. 4 CITY - ST- ZIP CITY- ST DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TIFLE 4.1 TITLE NAM!E 4. 2 NAME 4.3 STREET ADDRESS STHEET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHTY - ST - ZIP DELETE Addition 6.1 TITLE THUE

62 NAME

14. I do hereby certly 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

6.3 STREET ADORESS 6.4 City - St - 7IP

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 path; 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

SIGNATURE:

appears in Block 12 or Block 13 if o

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PHATTED NAME OF SIGNING OFFICER OR DIRECTOR

anged, or on an attachment with an address.

1/21/97 1305-558

FILED

Jan 29 1997 8:00am

Secretary of State

(96/6) (6)