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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000052647 (2) **DOCUMENT #** 1. Corporation Name

TEAL ENTERPRISE, INC.

Frincipal Place of Business Mailing Address					- 1991/991/10 1991/999/999/999/999/999/999/999/999/99	
12257 SW 1 MIAMI FL 3: US		12257 S W 132ND ( Miami Fl 33186 US	<b>ा</b>			
		•		3. Date Incorporated or Qualified 07/15/1994	3a. Date of Last Report 08/01/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
	15W 132 CT		W 132 CT	65-0508417	Not Applicable	
Suite, A <del>pit 1</del>	λ	Suite, A <del>pt. #, et</del> c. 27 <b>202</b>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Cily & State 23 <i>M I An</i>	mi, FL	Oity & State 28 / 1/A / 1	1=6	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip Glassa z 🛆	Country	Zip	Country	8. This corporation has liability for	intangible tax under s 199.032,	
4 33/8	9. Name and Address of Curren	29 <i>33/8</i> 6	30 05 4		□No	
	s. Hame and Address of Correct	r negistereo Agent	81 Name	10. Name and Address of New F	Registered Agent	
QTADI E	ER, JOHN J					
	SW 132ND CT /234/ 3	5W 132 CT	82 Street A	ddress (P.O. Box Number is Not Acceptat	ole)	
	FL 33186 SUITE	76Z	83			
1718 4711 1				<u> </u>		
	1917984 F	L 33186	84 City	,	FL 85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the pur	······································	
	ed agent, or both, in the State of Fioric h, and accept the obligations of, Secti			poration submits this statement for the pur loard of directors. I hereby accept the app	ointment as registered agent. I am	
SIGNATURE						
	Signature, typed or protect name of registered against		OTE Registered Agent signature rec	uired when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
111.f	D	☐ DELETE	1. 1 TITLE		Change Addition	
NAME .	STABLER, JOHN J		1.2 NAME	_	_	
STHEF! ADDRESS	12257 SW 102ND CT		1.3 STREET ADDRESS	12301 SW132CT	Seute 202	
00 Y - S1 - 71P	MIAMI FL		1 4 CITY - ST - ZIP	MIAMI FL 331	86	
TITLE	D	DELETE	2 1 TITLE		Change Addition	
NAME	TAN, VICTOR		22 NAME			
STREET ADDRESS	12257 SW 132ND CT		23 STREET ADDRESS	12301 SW 132CF	5.cule 202	
CHY-S1-ZIP PIRE	MIAMI FL	Fibrica		miami FL 33/6		
NAMI	D 00117 11110	☐ DELF1E	3 1 TITLE		Change Addition	
	CRUZ, JULIO		3.2 NAME			
STREET ADDRESS CRLY+ST-ZIP	12257 SW 132ND CT MIAMI FL			12301 SW 132 CT		
Militarian Milit	D D	□ D£LETE		niami FL 331BC		
NAME	PAZ, ROBERTO	[] Valere	4. 1 TITLE 4.2 NAME		Change Addition	
STREET ADDRESS	12257 SW 132ND CT			1230 510 13207 3	culae and	
CHY-\$1-200	MIAMI FL		4.3 STREET ADDRESS 4.4 CITY - ST- ZIP	Minni FL 33186	suit pul	
THEF	THE THE TAX STATE OF TAX STATE OF THE TAX STATE OF T	DELETE	5 1 TITLE	MIAMU FL 33/BG	☐ Change ☐ Addition	
NAM!		<del>_</del>	5.2 NAME		F1 overigo F1 vocition	
STREET ADDRESS			5.9 STREET ADDRESS			
CHY-S1 ZIF			5.4 City-S1-ZiP			
TILLE		DELETE	6 1 THILE		Change Addition	
MAME			6.2 NAME		total	
STREET ADDRESS			6 3 STREET ADDRESS			
CHIY-SI ZIF			6.4 CiTY - S1 - ZiP			
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily fur	ished and does not qualify	y for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further	
oath; that I	an an officer or director of the corpor	e report of subbiethental and	iual report is true and accu to empowered to execute	rate and that my signature shall have the this report as required by Chapter 607, Ro	como logal offact no if madede-	

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 JAN 96 305-256-8885

CR2E034 (12/95)