

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000062521 (7)

1. Corporation Name

TEA CUP, INC.



Principal Place of Business

Mailing Address

12217 S. DIXIE HWY
MIAMI FL 33156
US

7240 S.W. 56TH AVE.
MIAMI FL 33143

2. Principal Place of Business

2a. Mailing Address

21 5851 SUNSET DR

26

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3

27

City & State

City & State

23 MIAMI, FLORIDA

28

Zip

Zip

24 33143

25 25

COUNTRY

29

COUNTRY

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0515174

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

10. Name and Address of New Registered Agent

ADAMS, RICHARD B JR.
66 WEST FLAGLER ST.
5TH FLOOR
MIAMI FL 33130

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 607.0502 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 607.0502, Florida Statutes.

SIGNATURE

Cynthia Adams

(If the Registered Agent's Signature is required, sign here.)

DATE

4/11/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
ADAMS, CYNTHIA H
7595 S.W. 53RD PLACE
MIAMI FL 33143

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

SIGNATURE:

Cynthia Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

(Date)

DAY/PHONE #

CR2E034 (12/95)