

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Matthews
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090787 (0)

TEC GUM CORP.

Principal Office (Mailing Address)
19440 NW 3RD CT
PEMBROKE PINES FL 33029

Mailing Address
19440 NW 3RD CT
PEMBROKE PINES FL 33029

(SEE INSTRUCTIONS ON REVERSE OF THIS SPACE)

3. Date incorporated or chartered 12/15/1994		3a. Date of Last Report	
4. FEI Number 65-0542358		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. The corporation has liability for franchise tax under F.S. 607.06 Florida Statutes ☒ Yes ☐ No			

2. Principal Office (Mailing Address)		2a. Mailing Address	
21. State, Apt. #, etc.		26. State, Apt. #, etc.	
22. City & State		27. City & State	
23. Country		28. Country	
24. Zip	25. Zip	29. Zip	30. Zip

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DE-ARBELOA, ERAPEL B 19440 NW 3RD CT PEMBROKE PINES FL 33029		81. Name	
		82. Street Address (P.O. Box Number is Not Applicable)	
		83. City	
		84. State FL 85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1. NAME DE-ARBELOA, ERAPEL B 2. STREET ADDRESS 19440 NW 3RD CT 3. CITY PEMBROKE PINES FL 33029		1. NAME ☐ Change ☐ Addition 2. STREET ADDRESS ☐ Change ☐ Addition 3. CITY ☐ Change ☐ Addition	
4. NAME 5. STREET ADDRESS 6. CITY		4. NAME ☐ Change ☐ Addition 5. STREET ADDRESS ☐ Change ☐ Addition 6. CITY ☐ Change ☐ Addition	
7. NAME 8. STREET ADDRESS 9. CITY		7. NAME ☐ Change ☐ Addition 8. STREET ADDRESS ☐ Change ☐ Addition 9. CITY ☐ Change ☐ Addition	
10. NAME 11. STREET ADDRESS 12. CITY		10. NAME ☐ Change ☐ Addition 11. STREET ADDRESS ☐ Change ☐ Addition 12. CITY ☐ Change ☐ Addition	
13. NAME 14. STREET ADDRESS 15. CITY		13. NAME ☐ Change ☐ Addition 14. STREET ADDRESS ☐ Change ☐ Addition 15. CITY ☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0605, Florida Statutes. I further certify that the information made available 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. If the undersigned is a director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 2, I will change, or attach an attachment with an addition.

SIGNATURE: **ERAPEL B. DEARBELoa** / 04/24/95 (305) 431-4191