

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 # **P94000092792 (8)**

1. Corporation Name

TELEWAY IMPORT/EXPORT, INCORPORATED



Principal Place of Business

**1680 HIGHWAY A1A
SPANISH TRACE SUITE B
SATELLITE BEACH FL 32937**

Mailing Address

**2165 QUEEN ANNE ST
MERRITT ISLAND FL 32952
US**

3. Date Incorporated or Qualified

12/21/1994

3a. Date of Last Report

07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 102 Columbia Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #210

27

City & State

City & State

23 Cape Canaveral, Florida

28

Zip

Country

Zip

Country

24 32920

25 US

29

30

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

**LAYNE, SAMUEL S
1680 HIGHWAY A1A
SPANISH TRACE UNIT B
SATELLITE BEACH FL 32937**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAYNE, SAMUEL S	
STREET ADDRESS	2165 QUEEN ANN ST.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Layne, Samuel S.	
3. STREET ADDRESS	2165 Queen Ann Street	
4. CITY-ST-ZIP	Merritt Island, FL 32952	
5. TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Guimaraes, Paulo Delfino	
7. STREET ADDRESS	Av. Piaui, 850, Beira, Rio	
8. CITY-ST-ZIP	Timon - MA - Brasil	
9. CITY-ST-ZIP	CEP 65630-030	
10. TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11. NAME	Filho, Eugenio Pereira Lima	
12. STREET ADDRESS	Av. Frei Serafim, 2016, Centro	
13. CITY-ST-ZIP	Terezina - PI - Brasil	
14. CITY-ST-ZIP	CEP 64001-020	
15. TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16. NAME	De Farias, Jose Carmelo	
17. STREET ADDRESS	Rua Joao Ivo da Silva, 323, Madalena	
18. CITY-ST-ZIP	Recife - PE-Brasil	
19. CITY-ST-ZIP	CEP 50720-100	
20. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME		
22. STREET ADDRESS		
23. CITY-ST-ZIP		
24. CITY-ST-ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY-ST-ZIP		
29. 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
Samuel S. Layne

February 8, 1996 (407)453-4662

CR2E034 (12/95)