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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPORT		
1997		
DOCUMENT #	P9500001	

FILED						
Jan 22 1997 8:00am						
Secretary of State						

r. Corporation	MENT # P9500 TE VENTURES INTERNAT	· · ·			
Principal Place	e of Business	Mailing Address		) IBBIIBBI III IBIBI KAKI BAKI BAKI BBI	il moitht leiter offiti eddii biadı tetle tott
BOX #350 BOX 350		13800 SW 8TH STREET			
		MIAMI FL 33184-3032			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal P	lace of Business	26. Mailing Address		02/08/1995 4. FEI Number	05/01/1996
21	race or business	26. Maning Address		65-0558390	Applied For  Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Curr	29 29	30	Fiorida Statutes  10. Name and Address of New Re	Yes No
AI C		ent Registered Agent	81 Name	10. Name and Address of New A	igistered whelit
	AZAR, PAUL N.W. 136TH AVENUE		LL.	// /C C C N No. 1	LI_1
	MI FL 33182		82 Street A	ddress (P.O. Box Number is Not Acceptal	DIE)
			83		
			84 City	······································	FL 85 Zip Code
office or r	egistered about or both, in the Sta	ste of Florida. Such change was :	authorized by the corno	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Fig	orida Statutes.	nation a pour a or amonoral, i harour accou	prino appointment as regional
SIGNATURE	Signature, typed or printed name of registered	agent and tillo if applicable (NOT	E Registered Agent signature re	equired when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	ALCAZAR, PAUL		1.2 NAME		
STREET ADDRESS	220 N.W. 136TH AVENUE MIAMI FL 33182		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33 102	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	HERNANDEZ, JOSE R III	L.J ottert	2.2 NAME		C Divingo C Totalion
STREET ADDRESS	5302 S.W. 127TH COURT		23 STREET ADDRESS	-	
CITY-ST-ZIP	MIAMI FL 33175		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZiP			3.4. CITY - ST - ZIP	*···	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		L DELETE	5.1 TITLE 5.2 NAME		Fit Authlige Fit Vapilifall
NAME CIDEET ADODESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify 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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR