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FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000015171 (8)

1. Corporation Name
TFI (USA), INC.



Principal Place of Business

C/O PHULWANI & LEVINE
777 LANTANA RD
LANTAN FL 33462

Mailing Address

C/O PHULWANI & LEVINE
777 LANTANA RD
LANTAN FL 33462-1632

3. Date Incorporated or Qualified
03/01/1995

3a. Date of Last Report
02/22/1996

2. Principal Place of Business

21 SWOPE, LAMBERSON
GUILKEY, P.A.

22 4501 TAMiami Tr. N.
City & State #204

23 NAPLES, FL
Zip 34103 Country USA

24 34103 25 USA

2a. Mailing Address

26 SWOPE, LAMBERSON,
+ GUILKEY, PA

27 4501 TAMiami Tr. N.
City & State #204

28 NAPLES, FL
Zip 34103 Country USA

29 34103 30 USA

4. FEI Number

65-0564805

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

9. Name and Address of Current Registered Agent

COHAN, DOLLY
C/O PHULWANI & LEVINE
777 LANTANA RD
LANTAN FL 33462

10. Name and Address of New Registered Agent

81 Name

JANE E. LAMBERSON, CPA

82 Street Address (P.O. Box Number is Not-Acceptable)

4501 TAMiami Tr. N. #204

83

84 City

NAPLES

FL

85 Zip Code

34103

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 JANE E. LAMBERSON JANE E. LAMBERSON 1-14-97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HANTKE, GOTTFRIED
STREET ADDRESS EBERTALLEE 1
CITY-ST-ZIP 22607 HAMBURG GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03200224

CR2E034 (9/96)