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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

| | TE INTERNATIONAL CO | , | | | | | | | |
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| rincipal Place i | | Mailing Address 245 S.E. 1ST ST | • | | | | | | |
| 245 S.E. 1ST ST. SUITE 323 MIAMI FL 33131 | | SUITE 323 | | | | | | | |
| | | MIAMI FL 33131 | MIAMI FL 33131 | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | |
| | | | | | 05/01/1995 | | | | _ |
| . Principal Pla | ce of Business | 2a. Mailing Address | s | | 4. FEI Number | | ` | <u> </u> | pplied For |
|] | | 26 | | | 65-058 | NOAC | 1 | | lot Applicable |
| Suite, Apt. # | t, etc. | Suite, Apt. #, ei | to. | | 5. Certificate of Status | Desired | | | Additional Required |
| City & State | AL AA | City & State | | | 6. Election Campaign F | manoing | | | May Be |
| | | 28 | | | Trust Fund Contribut | _ | | | to Fees |
| Zip | Country | Zip | Countr | ry | 8. This corporation has | • | | under s | 199.032, |
| | 25 | [29] | 30 | | Florida Statutes | Yes | | | |
| | 9. Name and Address of Cur | rrent Hegistered Agent | 81 | 1 Name | 10. Name and Addres | O New K | gistered A | Gent | |
| DAEC C | AAM (E) | | | | | | | | |
| PAES, S | AMMUEL 107 07 | | 82 | 2 Street Addi | ress (P.O. Box Number is N | ot Acceptabl | e) | | |
| 245 S.E. 1ST ST. Suite 323 | | | 83 | 3 | | | | | |
| MIAMI F | | | 84 | 4 00 | | | | ne 7v | Code |
| | | | | - / | | | FL | | |
| or registere familiar wit | ed agent, or both, in the State of F h, and accept the obligations of, S | ibuz and 607,1508, Florida 8 Borida: Such change was au Section 607,0505, Florida St | Statutes, the above ithorized by the cor afutes. | e-named corpo rporation's boa | ration submits this statemen and of directors. Thereby acc | t for the purp ept the appo | intment as | rĕgistered | agent. Lam |
| familiar wit | n, and accept the obligations of, S Styramo has or probabilisms observes to | Section buy, 0505, Fiorida St | Statutes, the above thorized by the coratutes. Itself Registeration 13. | | | | DATE | | |
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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR