SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **DOCUMENT #** P95000077222 (4) TATAL STATE OF STATE TSI ENTERPRISES, INC. Principal Place of Business Mailing Address 11942 SOUTHWEST 132ND COURT 11942 SOUTHWEST 132ND COURT MIAM! FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 10/09/1995 2. Principal Place of Business 2a. Mailing Address 4 FELNumber Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Zip Country Country 8. This corporation has tiability for intangible tax under s. 199 032 24 Yes No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TUGVI THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD TOMASSON 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33134 Zip Code 3386 **B4 LWAIW** ctions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. Thereby accept the appointment as registered by the collegations of, Section 607,0505, Florida Statutes. office or registered agent, or bo agent. I am am liar with, and ar SIGNATURE (NOTE Registered Agenit's gnature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE THLE Change Addition 1171768 TOMASSON, INGVI T NAME 1.2 NAME 11942 SOUTHWEST 132ND COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY - ST - ZIP 1.4 CITY - ST - ZIF **700001日3941**4杯 -09/05/96--01035--012 DELETE TITLE 21 THUE NAME 2.2 NAME ****225.00 ****225.00 STREET ADDRESS 2 3 STREET ADDRESS CITY - ST- ZIP 2 4 CHY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE TiTL€ 41 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - 2(F DELETE TITLE 51 DIGE Dange Addition **K**AME STREET ADDRESS **53 STREET ADDRESS** (1. alaw 8.29.96 CITY-SI-ZIP 5.4 CHY+ST_ZIP DELETE Change Addition TITLE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2IP 64 CHY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily lurnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes, and

in Block 12 or Block

that my name appea

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

3 if changed, or on an attachment with an address