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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000077222 (4)

TSI ENTERPRISES, INC.

Principal Place of Business	,
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<u>P</u>

Mailing Address

11942 SOUTHWEST 132ND COURT MIAMI FL 33196

11942 SOUTHWEST 132ND COURT MIAMI FL 33186-4569

## FILED Apr 23 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 10/09/1995 3a. Date of Last Report 08/26/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number APPLIED FOR 65-0614184 Applied For Not Applied
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip <b>29</b>	Count 30	ry	8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registered Agent
	asson, ing <b>itz</b>		8	1 Name	
12900 S.W. 133 COURT MIAMI FL 33188			8	2 Street	Address (P.O. Box Number is Not Acceptable)
			8	3	
			8	4 City	FL 85 Zip Code
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was	authorized t	by the corp	d corporation submits this statement for the purpose of changing its register rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE 5	Signature, typed or printed name of registered age:	N and title if applicable. (NOT	L. Registered A	gent signature	re required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1,1 TO LE		Change Addit
NAME	TOMASSON, INGVI T		1.2 NAMI		
STREET ADDRESS	11942 SOUTHWEST 132ND CO	DURT	1.3 STRE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-	ST-ZIP	
TITLE		DELETE	2.1 TITLE		Change Addit
NAME			22 NAM		
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY	- S1 - ZIP	,
TITLE		DELETE	3.1 TITLE		Change Addit
NAME			3.2 NAMI		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
DITY-ST-ZIP			3.4. CITY	- ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addit
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 S1RE	ET ADDRESS	
CITY-ST-ZIP			4.4 CI1Y-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addit
NAME			5.2 NAMI		
STREET ADDRESS			5.3 STRE	et address	
CITY-ST-ZIP	•		5.4 CITY	ST-ZIP	
ITLE		DELETE	6.1 TITLE		Change Addit
NAME			6.2 NAME	.	
STREET ADDRESS			6.3 STRE	et address	
CITY-ST-ZIP			6.4 CITY	1	
14. I do hereb	y certify that the information supplied	with this filing does not quali	fy for the ex	emption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
i am an off	icer of director of the corporation or Block 12 of Block 13 if changed, or	the receiver or trustee empoy	vered to exc	curate and cute this r	d that my signature shall have the same legal effect as if made under oath; to report as required by Chapter 607, Florida Statutes; and that my name  (305)