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Mailing Address

MIAMI FL 33016-1442

14880 DUNBARTON PLACE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

14880 DUNBARTON PLACE

MIAMI FL 33016



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000031129 (5)

TOTAL RESOURCE ENTERPRISE, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0667997 26 Not Applicable Suite Ant #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country $Z_{\rm ID}$ Zip Country This corporation has liability for intangible tax under s. 199.032. 25 24 29 30 Florida Statutes Yes ☐ No 9. Name and Address of Current Registered Agent Name and Address of New gistered Agent FERNANDEZ, CARLOS V 81 Name 14860 DUNBARTON PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33016** 83 64 City Zip Code 85 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 Signative hypother printed frame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE Change TITLE 1 1 TITLE Addition FERNANDEZ, CARLOS C NAME 1.2 NAME 14860 DUNBARTON PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33016** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE Addition 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 2IF 2.4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition LAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CH1Y - S1 - ZIP 3.4. CITY-ST-ZIP Addition TILLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP DITY-SI-78 ☐ DELETE THUE 5.1 TITLE Change Addition IVABAF. 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP TILLE ☐ DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIE 64 CITY-ST-ZIP 14. I do hereby cert fy 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 arrural report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the comporation 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:

LO DE MENTE OFFICER ON DIRECTOR

FILED

Jan 24 1997 8:00am

Secretary of State