PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90052 034 ***150.00

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1. Corporation Name

TEBA CORPORATION

Principal Place of Business	Mailing Address
2190 S.W. Coral Way Miami, FL 33145	2190 S.W. Coral Way Miami, FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 65-0665198 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: MANUEL M. ARVESU, P.A.

82 Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd. #920

83

84 City: Coral Gables FL 85 Zip Code: 33134

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 _____ 4/14/99
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P	☐ DELETE	1.1 TITLE	D/P	☐ Change ☐ Addition
NAME	Barreiro, Benjamin		1.2 NAME	Barreiro, Benjamin	
STREET ADDRESS	4119 Palm Air Dr.W		1.3 STREET ADDRESS	4119 Palm Air Dr. W	
CITY-ST-ZIP	Pompano Beach, FL 33069		1.4 CITY-ST-ZIP	Pompano Beach, FK 33069	
TITLE	D/S	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Teixeira, Joao		2.2 NAME		
STREET ADDRESS	9754 NW 29 Terr.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33172		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	D/VP/S	☐ Change ☒ Addition
NAME			3.2 NAME	Ricardo A. Rey	
STREET ADDRESS			3.3 STREET ADDRESS	2190 Coral Way	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, FL 33145	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: _____ 4/14/99 (305) 860-5888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #