

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000077027 (6)**

1. Corporation Name
TEGD MULTI-SERVICES, INC.



Principal Place of Business
**11767 S. DIXIE HIGHWAY
BOX 358
MIAMI FL 33156**

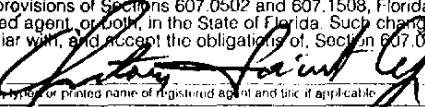
Mailing Address
**11767 S. DIXIE HIGHWAY
BOX 358
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14123 S.W. 142 Ave		2a. Mailing Address 26 14906 S.W. 104th St		3. Date Incorporated or Qualified 09/16/1996		3a. Date of Last Report 7/11/97	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc. # 56		4. FEI Number 65-0763300		Applied For Not Applicable	
23 City & State MIAMI, FL		28 City & State MIAMI, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33186		29 Zip 33196		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Country		31 Country		32 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAINT-CYR, ANTONY 14906 S.W. 104TH STREET #56 MIAMI FL 33196				10. Name and Address of New Registered Agent			
81 Name ANTONY SAINT-CYR				82 Street Address (P.O. Box Number is Not Acceptable) 14906 S.W. 104th St # 56			
83 City MIAMI				84 City MIAMI			
85 Zip Code 33196				86 Zip Code 33196			

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  (NOTE: Registered Agent signature required when reinstating) DATE **7/22/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PRESIDENT				1.2 NAME			
STREET ADDRESS ANTONY SAINT-CYR				1.3 STREET ADDRESS			
CITY-ST-ZIP 14906 S.W. 104th St #56				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME DANIEL GUYE-FROY				2.2 NAME			
STREET ADDRESS 14733 S.W. 178th Ave				2.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI, FL 33187 (SHERMAN)				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TRISTRAN				3.2 NAME			
STREET ADDRESS GEORGE'S PALANJUK				3.3 STREET ADDRESS			
CITY-ST-ZIP 132 94-2 S.W. 112 TERRACE				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE  DATE **7/12/97**

CR2E034 (4/97)