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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # TSBR, INC. Principal Place of Business 8330 SOUTHWEST 176TH ST. MIAMI FL 33157 21 State, Apt. #, etc. 22 City & State 23 ...ip

LORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P97000031385 (2)

FILED Feb 02 1998 8:00am Secretary of State



Mailing Address 8330 SOUTHWEST 176TH ST. MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/07/1997 2. Principal Place of Business 2a. Mailing Address FFI Number 26 Not Applicable Suite, Apt, #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Arided to Fees 8. This corporation dwes or has paid the current year intengible Country Country 29 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301-2525 83 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 807. (508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ciffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 11 TITLE Addition WERNER, SETH E NAME 1.2 NAME CR2E034 8330 SOUTHWEST 176TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33157 CDY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 HTLE Change ___ Addition NAME a 2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP <u>₹</u> 4 CHY+S) - ZIP TITLE DELLIE 33 LITTLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-St-28 24 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 1011 6 NAME 4 2 NAME STREET AUDRESS 4.3 STREET ADORESS CITY-ST-ZIP 44 CHY-SI-7P DELLTE TITLE Change Addition NAMI: STREET ADDRESS 5.3 STREET ADDRESS CiTy-51-ZIP 5.4 CITY • ST-ZIP DELETE Change IIILE L Addition 61 000 F NAME 62 NAME STREET ADDRESS 5 a STREET ADDRESS CHY-S1-71P 64 CITY-SI-7IP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 of the receiver of trustee empowered to execute this report as required by Chapter 607. Honda Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

800 446 7453XTZx