

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S08698 (0)

1. Corporation Name

TEKNE, CORP.



Principal Place of Business

245 SE 1ST
STE 400
MIAMI FL 33131
US

Mailing Address

245 SE 1ST
#400
MIAMI FL 33131
US

2. Principal Place of Business

2a. Mailing Address

21 7855 NW 12th ST.

26 Suite, Apt. #, etc.

22 SUITE 203

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 MIAMI FL

29 City & State

25 Zip

30 Zip

26 Country

27 Country

28 33126

29 U.S.A.

29 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/22/1990

3a. Date of Last Report
09/18/1995

4. FEI Number
65-0224383

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

GIOVANNINI, ENRIQUE J.
5211 SW 141 AVE
MIAMI FL 33175

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature typed or printed below of registered agent and the filer, if applicable)

(If Only Registered Agent Signature is Required After Registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GIOVANNINI, ENRIQUE J.
STREET ADDRESS 521 SW 141 AVE
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE SD
NAME GIOVANNINI, ISABEL E.
STREET ADDRESS 521 SW 141 AVE
CITY- ST- ZIP MIAMI FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(305) 718 8622

(Daytime Phone #)

CR2E034 (12/95)