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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S26661 (6)

1. Corporation Name
TEMPFUNDS AMERICA, INC.



Principal Place of Business
7406 S.W. 48 ST.
MIAMI FL 33155
1001 Menotti Ave
Coral Gables, FL 33146

Mailing Address
7406 S.W. 48 ST.
MIAMI FL 33155-4415
1001 Menotti Ave
Coral Gables FL 33146

3. Date Incorporated or Qualified
01/22/1991

3a. Date of Last Report
01/30/1996

2. Principal Place of Business
21 1001 Menotti Ave
Suite, Apt. #, etc.
22 City & State
23 Coral Gables
Zip
24 33146

2a. Mailing Address
26 1001 Menotti Ave
Suite, Apt. #, etc.
27 City & State
28 Coral Gables
Zip
29 33146

Country
25 D.C.
30 D.C.

4. FEI Number
65-0060217

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

9. Name and Address of Current Registered Agent

STUBBLEFIELD, D. AUSTIN
TEMPFUNDS AMERICA, INC.
7406 S.W. 48TH ST.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
Tom Huston Sr
82 Street Address (P.O. Box Number is Not Acceptable)
1001 Menotti Ave
83
84 City
Coral Gables FL 85 Zip Code
33146

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 *T. Huston* DATE *Mar 24, 1997*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

DTS
HUSTON, TOM
7406 S.W. 48TH ST. 1001 Menotti Ave
MIAMI FL Coral Gables FL 33146
DP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

STUBBLEFIELD, D. AUSTIN
5179 SW 71ST PLACE
MIAMI FL

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

DPS
1001 Menotti Ave
Coral Gables FL 33146

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 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: *T. Huston* DATE *3/24/97* DAYTIME PHONE # *305 661 0557*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)