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 # **S32701** **(2)**

1. Corporation Name

TCI HOLDINGS, INC.

Principal Place of Business	Mailing Address
600 1600 MIAMI CENTER MIAMI FL 33131 US	201 S. BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131 US

2. Principal Place of Business	2a. Mailing Address
21 600 Brickell Avenue	26 1101 Brickell Avenue
Suite, Apt. #, etc. 22 Suite 600	Suite, Apt. #, etc. 27 Suite 703
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131	Zip 29 33131
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified: **02/19/1991**

3a. Date of Last Report: **03/30/1995**

4. FEI Number: **65-0321393** ☐ 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 XX No

9. Name and Address of Current Registered Agent

LYNN B. LEWIS, P.A.
1101 BRICKELL AVENUE, SUITE 703
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	KISHU, TAN SRI T	
STREET ADDRESS	600 BRICKELL AVE, SUITE 600	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	MINA, PUAN SRI	
STREET ADDRESS	600 BRICKELL AVE SUITE 600	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	☐ DELETE
NAME	KISHENCHAND, VIJAY	
STREET ADDRESS	600 BRICKELL AVE, SUITE 600	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	☐ DELETE
NAME	KISHENCHAND, VINOD	
STREET ADDRESS	600	
CITY-ST-ZIP	MIAMI FL	
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	MONA,PUAN SRI	(Spelling Error)
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	600 Brickell Ave, Suite 600	
4.4 CITY-ST-ZIP	Miami, FL 33131	
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)(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: _____ Tan Sri Kishu T. Jethanand 3/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)