

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S32701 (2)
1. Corporation Name
TCI HOLDINGS, INC.

Principal Place of Business	Mailing Address
600 BRICKELL AVE STE 800 MIAMI FL 33131 US	1390 BRICKELL AVE STE 280 MIAMI FL 33131 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1991	
21 c/o Lynn B. Lewis, P.A. Suite, Apt. #, etc.		26		4. FEI Number 65-0321393	
22 1390 Brickell Ave, Ste. 280 City & State		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami, FL Zip		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33131 Country USA		29		8. 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				10. Name and Address of New Registered Agent	
LYNN B. LEWIS, P.A. 1390 BRICKELL AVE STE 280 MIAMI FL 33131				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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISHU, TAN SRI T	1.2 NAME	Tirathrai, Tan Sri Kishu
STREET ADDRESS	600 BRICKELL AVE STE 800	1.3 STREET ADDRESS	1390 Brickell Ave., Suite 280
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONA, PUAN KISHU TIR	2.2 NAME	Tirathrai, MONA Puan Kishu
STREET ADDRESS	600 BRICKELL AVE STE 800	2.3 STREET ADDRESS	1390 Brickell Ave., Suite 280
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRATHRAI, KISHU VIJAY	3.2 NAME	Tirathrai, Vijay Kishu
STREET ADDRESS	600 BRICKELL AVE STE 800	3.3 STREET ADDRESS	1390 Brickell Ave., Suite 280
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRATHRAI, VINOD KISHU	4.2 NAME	Tirathrai, Vinod Kishu
STREET ADDRESS	600 BRICKELL AVE STE 800	4.3 STREET ADDRESS	1390 Brickell Ave., Suite 280
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Tirathrai, Bhushan Kishu
STREET ADDRESS		5.3 STREET ADDRESS	1390 Brickell Ave., Suite 280
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Miami, FL 33131
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 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

2/18/98

CR2E034 (10/97)