

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 # **S52590** (4)

1. Corporation Name
TEE NO. 2, INC.



Principal Place of Business: 1 SE 3RD AVE, BARRY BRANT CPSCA, MIAMI FL 33131, US
Mailing Address: 1 SE 3RD AVE, BARRY BRANT CPA, MIAMI FL 33131, US

3. Date Incorporated or Qualified: 05/13/1991
3a. Date of Last Report: 08/24/1995

2. Principal Place of Business: 21 One S.E. Third Ave., Suite, Apt. #, etc. 15th Floor, City & State MIAMI, FLORIDA, Zip 33131, Country USA
2a. Mailing Address: 26 One S.E. Third Ave., Suite, Apt. #, etc. 15th Floor, City & State MIAMI, FLORIDA, Zip 33131, Country USA

4. FEI Number: 65-0284055
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: WEIDER, NORMAN S., ESQ., SUITE 3910, 100 S.E. 2ND ST., MIAMI FL 33131-9112
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code FL

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] (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSSON, HANS	1.2 NAME	
STREET ADDRESS	S 111 46 STOCKHOLM	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SWEDEN SW	1.4 CITY-STATE-ZIP	
TITLE	VP/S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY BRANT % BDP	2.2 NAME	
STREET ADDRESS	1 SE THIRD AVE 15TH FLOOR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33131	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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] HANS LARSSON

Feb 28, 1996

CR2E034 (12/95)