

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

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APR 30 1995 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V35101 (7)**
1. Corporation Name
PINK FLAMINGO CONSTRUCTION CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3191 S.W. 11TH STREET SUITE 300 DEERFIELD BEACH FL 33442
Mailing Address: 3191 S.W. 11TH STREET SUITE 300 DEERFIELD BEACH FL 33442

3. Date incorporated or Qualified: **05/11/1992**
3a. Date of Last Report: **05/27/1994**
4. FEI Number: **65-0332530**
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. The Corporation has liability for intangible tax under 15-199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt # etc.: 22 City & State: 23
2a. Mailing Address: 26 State Apt # etc.: 27 City & State: 28
24 City: 25 Country: 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent
**BUICO, CONSTANCE
3191 S.W. 11TH STREET
SUITE 300
DEERFIELD BEACH FL 33442**

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 607.01, 607.02, and 607.0308 Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 responsibilities of a registered agent under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUICO, CONSTANCE	1. NAME	
STREET ADDRESS	3191 S.W. 11TH STREET	1.1 STREET ADDRESS	
CITY/ST/ZIP	DEERFIELD BEACH FL	1.1 CITY/ST/ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2.1 STREET ADDRESS	
CITY/ST/ZIP		2.1 CITY/ST/ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3.1 STREET ADDRESS	
CITY/ST/ZIP		3.1 CITY/ST/ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4.1 STREET ADDRESS	
CITY/ST/ZIP		4.1 CITY/ST/ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5.1 STREET ADDRESS	
CITY/ST/ZIP		5.1 CITY/ST/ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6.1 STREET ADDRESS	
CITY/ST/ZIP		6.1 CITY/ST/ZIP	

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included 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 of a filing of an attachment with an address.

SIGNATURE: **4/30/95 305) 570-7661**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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AND
FILED**

MAY 20 11 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V35218** (9)
MISS. EVELINE IMPORT-EXPORT, INC.

Principal Office: ~~3030 N.W. 22ND AVENUE MIAMI FL 33142~~
1547 N.W. 29th. St. Miami, Fl. 33142
Mailing Address: ~~3030 N.W. 22ND AVENUE MIAMI FL 33142~~
1547 N.W. 29th St. Miami, Fl. 33142

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation/Qualification 05/11/1992	3a. Date of Last Report 05/01/1994
4. FFI Number 65-0401386	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Type and Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.02, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. State Apt. # of	26. Mailing Address
22. City & State	27. State Apt. # of
23. City & State	28. City & State
24. City	29. City
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SZOYCHEN, DAVID
5660 COLLINS AVE., #7B
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. Zip Code
FL

11. Pursuant to the provisions of Sections 607.011, 607.012 and 607.013, Florida Statutes, the above named corporation certifies 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 the term for 1995, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME D SZOYCHEN, DAVID	STREET ADDRESS 2030 N.W. 22ND AVENUE MIAMI FL	NAME SZOYCHEN, DAVID	STREET ADDRESS 1547 N.W. 29th St. Miami, Fl. 33142
NAME D SZOYCHEN, ANTONIA	STREET ADDRESS 2030 N.W. 22ND AVENUE MIAMI FL	NAME SZOYCHEN, ANTONIA	STREET ADDRESS 1547 N.W. 29th. St. Miami, Fl. 33142
NAME D MADNICK, EVELYN	STREET ADDRESS 2030 N.W. 22ND AVENUE MIAMI FL	NAME MADNICK, EVELYN	STREET ADDRESS 1547 N.W. 29th. St. Miami, Fl. 33142
NAME	STREET ADDRESS	NAME	STREET ADDRESS
NAME	STREET ADDRESS	NAME	STREET ADDRESS
NAME	STREET ADDRESS	NAME	STREET ADDRESS
NAME	STREET ADDRESS	NAME	STREET ADDRESS
NAME	STREET ADDRESS	NAME	STREET ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and equally for the foregoing stated in Sections 607.011, Florida Statutes. I further certify that the information included 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 and that the name of the person authorized to execute the report is reported by Chapter 607, Florida Statutes, and that my name appears in block 1, or block 1a, of the report, or on an affidavit with an address.

SIGNATURE: *Antonina Szojchen (Antonina Szojchen)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/95 (30)/633-7500

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V35363** (3)

1. Corporation Name
TECO COMMERCE, INC.

Principal Place of Business: **11234 PARK BLVD. 214 SEMINOLE FL 34642**
Mailing Address: **11234 PARK BLVD. 214 SEMINOLE FL 34642**

APPROVED
FILED
JULY 20 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

2. Principal Name of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/08/1992	07/28/1994
22. State Apt # etc.		27. State Apt # etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-3132052	Not Applicable
24. ZIP	25. Country	29. ZIP	30. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
WILLET & CANTER CPA, H 2100 WEST BAY DRIVE LARGO FL 34640		B1 Name			
		B2 Street Address (P.O. Box Number is Not Acceptable)			
		B3			
		B4 City			
		FL		B5 Zip Code	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No					

11. Pursuant to the provisions of Sections 607.0503 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 provisions of section 607.0305, Florida Statutes.	
SIGNATURE	DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	DREYER, DIETER	12.2 STREET ADDRESS	14290 WALSHINGHAM RD #B	12.3 CITY & STATE	LARGO FL
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13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	
13.3 CITY & STATE	
13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	
13.6 CITY & STATE	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	
13.9 CITY & STATE	
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	
13.12 CITY & STATE	

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 198.032, Florida Statutes. I further certify that the information included 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 eligible voter for at the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 13, 14, 15, 16, 17, or 18 of an attachment with an address.

SIGNATURE: DATE: 5-16-95