

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:37

DOCUMENT # V64262

(1)

1. Corporation Name

TENA LABORATORY CORP.

Principal Place of Business

2424 N.W. 15TH STREET
MIAMI FL 33125

Mailing Address

2424 N.W. 15TH STREET
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1992

3a. Date of Last Report

03/10/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0358858

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 192.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TENA, ERNESTO
110 EAST 49TH STREET
HIALEAH FL 33013

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TENA, ERNESTO
STREET ADDRESS	2424 N.W. 15TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	GONZALEZ, MARTA
STREET ADDRESS	2424 N.W. 15TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes, and 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 only, 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 approval in Block 12 or Block 13 changes it, even in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicor Pros. Inc.

7/13/95 (305) 635-9793