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 APR -4 PM 11:26

DOCUMENT # **286726** **(5)**

1. Corporation Name
TAKAHO CORPORATION

Principal Place of Business	Mailing Address
[redacted]	[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1964	3a. Date of Last Report: 04/26/1994
2. Principal Place of Business (21): 2333 Ponce de Leon Bl	2a. Mailing Address (26): 2333 Ponce de Leon Bl
Suite, Apt. #, etc. (22): #1110	Suite, Apt. #, etc. (27): #1110
City & State (23): Coral Gables, FL	City & State (28): Coral Gables, FL
Zip (24): 33134 County (25): USA	Zip (29): 33134 County (30): USA
4. FEI Number: 59-1066560 ☐ 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

BARNS PAUL D JR
1570 MADRUGA AVE.
SUITE 216 #211
CORAL GABLES FL 33145

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 filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	CD ☒ Change ☐ Addition
NAME	GARCIA SALUSTIANO	12 NAME	Vergara, Carlos M. 6
STREET ADDRESS	1500 SAN REMO AVE 205	13 STREET ADDRESS	2333 Ponce de Leon Blvd #1110
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	Coral Gables, FL 33134
TITLE	VPD	21 TITLE	PD ☐ Change ☒ Addition
NAME	JIMENEX JUAZ IG ACIO	22 NAME	Bracken, Stanley
STREET ADDRESS	1500 SAN REMO AVE 205	23 STREET ADDRESS	4710 82nd Avenue
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	Vero Beach, FL 32967
TITLE	ST	31 TITLE	Secretary & D ☒ Change ☐ Addition
NAME	BARNS PAULD JR	32 NAME	Barns, Paul D. Jr.
STREET ADDRESS	1570 MADRUGA VE 216	33 STREET ADDRESS	1570 Madruga Avenue #211
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	Coral Gables, FL 33146
TITLE	VPD	41 TITLE	Treasurer ☐ Change ☒ Addition
NAME	CARTA ALVARY L	42 NAME	Iglesias, Jorge
STREET ADDRESS	13334 POLO CLUB RD.	43 STREET ADDRESS	1843 Indian Rd.
CITY ST ZIP	WEST PALM BEACH FL	44 CITY ST ZIP	Lake Clark Shores, FL 33406
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	LATOUR, JORGE	52 NAME	Carta, Alvaro L. 4
STREET ADDRESS	2332 VERO BEACH AVE.	53 STREET ADDRESS	13334 Polo Club Rd.
CITY ST ZIP	VERO BEACH FL	54 CITY ST ZIP	West Palm Beach, FL
TITLE	D	61 TITLE	VD ☒ Change ☐ Addition
NAME	VERGARA, CARLOS M	62 NAME	Jimenez, Juan Ignacio
STREET ADDRESS	2333 PONCE DE LEON BLVD., #1110	63 STREET ADDRESS	2333 Ponce de Leon Blvd #1110
CITY ST ZIP	CORAL GABLES FL	64 CITY ST ZIP	Coral Gables, FL 33134

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: Paul D. Barns Jr. Paul D. Barns, Jr. 3/30/95 305-666-6137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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