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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

TAKAHO CORPORATION

Principal Place of Business	Mailing Address
2333 PONCE DE LEON BL #1110 CORAL GABLES FL 33134 US	2333 PONCE DE LEON BL #1110 CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: **11/04/1964**
3a. Date of Last Report: **04/04/1995**

4. FEI Number: **59-1086560** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4710 - 82nd Avenue	26 4710 - 82nd Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Vero Beach, Florida	28 City & State: Vero Beach, Florida
24 Zip: 32967 25 Country: Indian River	29 Zip: 32967 30 Country: Indian River

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Carlos M. Vergara
82 Street Address (P.O. Box Number is Not Acceptable): 4710 - 82nd Avenue
83
84 City: Vero Beach **FL** 85 Zip Code: 32967

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: _____ 4-17-96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature is required when filing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARCIA SALUSTIANO 1500 SAN REMO AVE 205 CORAL GABLES FL	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Bracken, Stanely 4710 - 82nd Avenue Vero Beach, Florida 32967	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JIMENEZ, JUAN IGNACIO 2333 PONCE DE LEON BLVD #1110 CORAL GABLES FL	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Jimenez, Juan Ignacio 4710 - 82nd Avenue Vero Beach, Florida 32967	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BARNS PAULD JR 1570 MADRUGA VE 216 CORAL GABLES FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S Barns, Paul D. Jr. 1570 Madruga Avenue Suite 211 Coral Gables, Florida 33146	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTA, ALVARO L. 13334 POLO CLUB RD. WEST PALM BEACH FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATOUR, JORGE 2332 VERO BEACH AVE. VERO BEACH FL	☑ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	TD Iglesias, Jorge 1843 Indian Road West Palm Beach, Florida 33406	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD VERGARA, CARLOS M 2333 PONCE DE LEON BLVD., #1110 CORAL GABLES FL	☑ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Vergara, Carlos M. 4710 - 82nd Avenue Vero Beach, Florida 32967	☑ Change ☐ Addition

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: Stanley Bracken Stanley Bracken, Pres. 4/17/96 407 567-5187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)