

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED

97 SEP -8 AM 10:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F-96000003544
 1. Corporation Name
TAMACA CORPORATION

| | |
|--|---|
| Principal Place of Business INACTIVE | Mailing Address P.O. Box 11544 Caparra Heights Station San Juan, P.R. 00922 |
|--|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 7/24/92 | 3a. Date of Last Report |
| 4. FEI Number 66-0504187 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**Mario J. Montalvo
Bristol Tower 2127
Brickle Avenue Apto. 2705
Miami, Florida 33129**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name N/A |
| 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 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: **Mario J. Montalvo-Bristol Tower 2127 Brickle Ave. Apt.2705 Miami, Fla 33129 8/4/97**

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | President <input type="checkbox"/> DELETE |
| NAME | Mario J. Montalvo |
| STREET ADDRESS | P.O. Box 11544 |
| CITY-ST-ZIP | San Juan, P.R. 00922 |
| TITLE | Vice-President <input type="checkbox"/> DELETE |
| NAME | Mario G. Montalvo |
| STREET ADDRESS | P.O. Box 11544 |
| CITY-ST-ZIP | San Juan, P.R. 00922 |
| TITLE | Secretary & Asst. Treasurer <input type="checkbox"/> DELETE |
| NAME | Tania R. Montalvo |
| STREET ADDRESS | P.O. Box 11544 |
| CITY-ST-ZIP | San Juan, P.R. 00922 |
| TITLE | Vice-President Marketing <input type="checkbox"/> DELETE |
| NAME | Carlos Montalvo |
| STREET ADDRESS | P.O. Box 11544 |
| CITY-ST-ZIP | San Juan, P.R. 00922 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Calle 3 #11, Garden Hills Estates |
| 13 STREET ADDRESS | Guaynabo, PR 00966 |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Calle Rey Luis #432 |
| 23 STREET ADDRESS | La Villa de Torrimar |
| 24 CITY-ST-ZIP | Guaynabo, PR 00969 |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Calle 3 #11, Garden Hills Estates |
| 33 STREET ADDRESS | Guaynabo, PR 00966 |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | Calle Caoba #30 |
| 43 STREET ADDRESS | Estancias de Torrimar |
| 44 CITY-ST-ZIP | Guaynabo, PR 00969 |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | 200002289072--5 |
| 53 STREET ADDRESS | -09/10/97--01041--013 |
| 54 CITY-ST-ZIP | ****500.00 ****500.00 |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | 200002289072--5 |
| 63 STREET ADDRESS | -09/10/97--01041--014 |
| 64 CITY-ST-ZIP | ****500.00 ****500.00 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I do hereby 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 officer 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 in an attachment with an address.

SIGNATURE: **Mario J. Montalvo** **PRESIDENT** **7/26/97**

CR2E034 (9/96)