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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003544

1. Corporation Name
TAMACA CORP.



Principal Place of Business: P.O. BOX 11544, CAPARRA HEIGHTS STATION, SAN JUAN PR 00922
Mailing Address: P.O. BOX 11544, CAPARRA HEIGHTS STATION, SAN JUAN PR 00922

DO NOT WRITE IN THIS SPACE

INACTIVE

2. Principal Place of Business

2a. Mailing Address

21 INACTIVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

07/12/1996

4. FEI Number

66-0504187

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 owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTALVO, MARIO J
BRISTOL TOWER 2127
BRICKLE AVENUE, APT. 2705
MIAMI FL 33129

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

NAME MONTALVO, MARIO J
STREET ADDRESS CALLE 3 #11, GARDEN HILLS ESTATES
CITY-ST-ZIP GUAYNABO PR 00966

1.1 TITLE Change Addition

TITLE VP DELETE

NAME MONTALVO, MARIO G
STREET ADDRESS CALLE REY LUIS #432, LA VILLA DE TORRIMAR
CITY-ST-ZIP GUAYNABO PR 00969

1.2 NAME Change Addition

TITLE SAT DELETE

NAME MONTALVO, TANIA R
STREET ADDRESS CALLE 3 #11, GARDEN HILLS ESTATES
CITY-ST-ZIP GUAYNABO PR 00966

1.3 STREET ADDRESS Change Addition

TITLE VPM DELETE

NAME MONTALVO, CARLOS
STREET ADDRESS CALLE CAOBA #30, ESTANCIAS DE TORRIMAR
CITY-ST-ZIP GUAYNABO PR 00969

1.4 CITY-ST-ZIP Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-ST-ZIP Change Addition

2.5 CITY-ST-ZIP Change Addition

2.6 CITY-ST-ZIP Change Addition

14. I 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 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, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT REGISTERED AGENT

Date

Daytime Phone #

RECEIVED PRESIDENT

1/18/99

CR2E034 (11/98)