SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K27314** **(9)**

1. Corporation Name
TALANCO ONE, INC.

Principal Place of Business	Mailing Address
ZAMORA 545 ZAMORA AVE CORAL GABLES FL 33134	ZAMORA 545 ZAMORA AVE CORAL GABLES FL 33134

2. Principal Place of Business	2a. Mailing Address
21 545 ZAMORA Ave.	26 545 ZAMORA Ave.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 24 33134	Zip 29 33134
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 06/29/1988	3a. Date of Last Report 11/02/1995
4. FEI Number 65-0202709	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

TALAMAS, WAYNE
545 ZAMDRA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name - Same -
82 Street Address (P.O. Box Number is Not Acceptable) 545 ZAMORA Ave.
83
84 City - Same - FL 85 Zip Code - same -

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	TALAMAS, WAYNE		1.2 NAME	
STREET ADDRESS	545 ZAMDRA AVE		1.3 STREET ADDRESS	545 ZAMORA Ave.
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	TALAMAS, MARLENA		2.2 NAME	
STREET ADDRESS	545 ZAMDRA AVE		2.3 STREET ADDRESS	545 ZAMORA Ave.
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	
TITLE	DM	☑ DELETE AL	3.1 TITLE	☑ Change ☐ Addition
NAME	MARURI, LEANDRO		3.2 NAME	
STREET ADDRESS	631 ZAMDRA AVE		3.3 STREET ADDRESS	631 ZAMORA Ave.
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne Talamas (WAYNE TALAMAS) July 31, 1996 305-444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #