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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000002427 (9)

1. Corporation Name
TAKITITA CORPORATION



Principal Place of Business

Mailing Address

3664 SW 15TH ST.
2ND FLOOR
MIAMI FL 33145

3664 SW 15TH ST.
2ND FLOOR
MIAMI FL 33145-1030

3. Date Incorporated or Qualified: 01/06/1995
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 140971
Suite, Apt. #, etc.

26 P.O. BOX 140971
Suite, Apt. #, etc.

4. FEI Number: 65-0593728
Applied For: Not Applicable

22 CORAL GABLES, FL.
City & State

27 CORAL GABLES, FL.
City & State

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23
Zip: 33114-0971 Country: U.S.A.

28
Zip: 33114-0971 Country: U.S.A.

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24
Zip: 33114-0971 Country: U.S.A.

30
Zip: 33114-0971 Country: U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZARAGOZA, ANDRES
3664 SW 15TH ST.
2ND FLOOR
MIAMI FL 33145

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 130 MENDOZA AVE., SUITE 32
83 CORAL GABLES, FL 33134
84 City: CORAL GABLES, FL 85 Zip Code: 33134

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for KUBE, REYNALDO; LEON, YVETTE; KUBE, SALOMON; KUBE, JORGE.

Table with 12 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes change for Yvette Leon.

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 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: Yvette Leon YVETTE LEON 1/29/97 (305) 448-0127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)