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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073072 (6)

TAURUS/GEMINI CORP.

東西北 と ... できずればいる (東京など) は、 「東京と東西の山地村に東京と野の東西では、東京と

Mary Company

Principal Place of Business Mailing Address

3802 N.E. 207 STREET UNIT 2303 3802 N.E. 207 STREET UNIT 2303 AVENTURA FL 33180 AVENTURA FL 33180

FILED Apr 28 1998 8:00am Secretary of State



				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/30/1996
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0699375 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 🗹 No
	9. Name and Address of Curre			10. Name and Address of New Registered Agent
WILEN, BARRY A ESQ)
4601 SHERIDAN STREET #208 HOLLYWOOD FL 33021			82 Street	Address (D.O. Bey Mumber is Not Assessable)
			92 Stiee	t Address (P.O. Box Number is Not Acceptable)
110	CETTIOOD I C 33021		83	
			84 City	Fi 85 Zip Code
44.00				
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 registrose agread and their dispril cable (NOTE: Registered Agent signature required when reinstating) OATE				
12.		ND DIRECTORS	Hegistered Agont signatu	
TITLE	D	DELETE	1.1 TITLE	RAFAEL F. RESTREPO Change Addition RAFAEL F. RESTREPO Change Addition BOOZ NE. 2075T #2303 AVENTURA, FL.
NAME	RAFEL F RESTZEPO	- Vitterie	1.2 NAME	DAFAEL F. KESIKETO STATE
				2002 NE. 2076 #2303
STREET ADDRESS	3802 NW 207 ST 2303		1.3 STREET ADDRESS	Augusturea FL.
CITY-ST-ZIP	AVENTURA FL	T on the	1.4 CITY - ST - ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	· <u>-</u>		2. 4 CITY - ST- ZIP	
TITLE		□ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - 7(P	
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	- Comings - Continue
1			2	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	artify that the information augustical	with this filing does not qualify for	6.4 CiTY-ST-ZiP	land in Spotian 110 07/2)(i) Florida Statutas I further partituthat the information
THORRODY C	enny mantre miormation supplied v	viin ulis ijiing uoas noi quality for	trie exemption stat	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Interest certify that the information supplied with this hilling does not qualify for the exemption states in Section 119.07(3)(), Florida statutes. Florida determine 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 orath; that I am an officer or director of the corporation or the receiver of trustee experience 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 anaccumpt with any oddress.

SIGNATURE:

1-19-98

(300) 177-8890