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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

J19348

(8)

MICHAEL TARRE, P.A.

Mar 11 1998 8:00am Secretary of State

**FILED** 



Principal Plac	e of Business	Mailing Address						
2855 LEJEUNE ROAD 2655 LEJEUNE ROAD 1109 1109 CORAL GABLES FL 33134 CORAL GABLES FL 331			D					
			3134			DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualified 06/13/1986		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21		26	26			59-2688141	1	Not Applicable
Suite, Apt.	#, otc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & Stat	e	City & State	}- ¬ 1			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 7ip C		Cou	Country		8. This corporation owes or has paid the curre		
24	25	29	30	,		, , , , , , , , , , , , , , , , , , , ,		∐ No
	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered A	gent	
	rre, Michael			81	Name			
2655 LEJUNE ROAD SUITE 1109				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)		
	ORAL GABLES FL 33134			83				
				84	City	FL	85 Zig	p Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	itutes, the a	bove	-named corpo	protion submits this statement for the purpose of	changing	its registered
office or	registered agent, or both, in the St	ate of Florida, Such change wa	as authorize	d by	the corporation	on's board of directors. I hereby accept the appo	intment a	as registered
	эт зативе мел, ано ассерт не ст	iligations or, decider dov.cook,	T KIRGA DIA	10100				
SIGNATURE	Signature typed or printed name of registered	agent and title 4 approable (f	NOTE: Registere	d Age	nt signature required	d when reinstating) DATE		
12.	OFFICERS.	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TATLE	DP	☐ DELETE	1.1 T	TLE		1	Change	e 🔲 Addition [
NAME	TARRE, MICHAEL		1.2 N	ame				i
STREET ADDRESS	2655 LEJEUNE RD #1109		1.3 S	TREET.	ADDRESS			•
CITY-ST-ZIP	CORAL GABLES FL		1.4 C	ITY-SI	í - ZIP			
TITLE		DELETE	2.1 1	TLE		l	Change	Addition
NAME			. 2.2 N	AME				]
STREET ADDRESS			2.3 \$	TREET	ADDRESS			]
CITY-ST-ZIP			2.40	HTY-S	T - <b>Z</b> IP			
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NAME			3.2 N	AME				
STREET ADDRESS			3.3 \$	TREET	ADDRESS			•
CITY-S1-ZIP					5T-2IP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DECETE	4.1 T				Change	e 🔲 Addition
NAME	1		4.21	NAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP		ne.ese		ITY-S	7 - ZIP		<u> </u>	a Addisin-
TITLE		DELETE	5.11			l	Change	e 🔲 Addition
NAME			5.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-S	1 - ZIP		0	a a a a a a a
TITLE		DELETE	6.1 T			l de la companya de	Change	e
NAME				AME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 0	ITY - S	T- ZIP			

14. Thereby 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 altrachment with an address.

ruleur The MICHAEL TARRE