FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

(6)

TAROMINA ARTS INC

17(110)4	IIIAA AI 10. II40.				
Principal Plac	e of Business	Mailing Address			811 O1811 B1511 B1811 B1811 G1611 B1811 1881
1936 S OCEAN DRIVE HALLANDALE FL 33009		1936 S OCEAN DRIVE HALLANDALE FL 33009-5978			
			***	3. Date incorporated or Qualified 03/19/1960	3a. Date of Last Report 03/27/1996
2. Principat P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-0933047	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for light and liability for light and liability for light and light an	
24	25	29 3	10	Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name	INO V. ZAMBE	ZL1
MOSS, PHYLLIS				ess (P.O. Box Number is Not Acceptab	
400 GOLDEN ISLES DR.			₈₃ /93	6 SO, OCKAN	DRIYE
#43 Hallandale fl 33009			A	17 #5A	
HALLAN	DALE PL 33008		84 City	LIANDAIE	FL 85 Zip Code 3 3009
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation s				poration submits this statement for the p	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 appoint the obligations of, Section 617.0503, Florida Statutes.					
9/ 1/01/ 4/01/					
SIGNATURE .	Signature, typed of printed flame of registered agen	I and the if applicable. (NOTE: I	Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
™E	D	DELETE	1.1 TITLE		Change Addition
NAME	MOSS, MICHAEL		1.2 NAME		į
STREET ADDRESS	1936 S. OCEAN DRIVE 11-D		1.3 STREET ADDRESS		i
CITY-ST-ZIP	HALLANDALE FL 33009	T DELETE	1.4 CITY - ST - ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		Change Addition
NAME	VARUARO, JOHN		2.2 NAME		ļ
STREET ADDRESS	1936 S. OCEAN DRIVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL.	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE	CHIRICO, MARCO	(DELETE			Cuange C Magnion (
NAME Street address	1936 SO. OCEAN DRIVE		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4. CITY-ST-ZIP		
THILE	SD	DELETE	4.1 TITLE		Change Addition
NAME	MONTEFORTE, ROBERT	<u></u>	4. 2 NAME		
STREET ADDRESS	1936 S. OCEAN DRIVE		4.3 STREET ADDRESS		İ
CITY-ST-ZIP	HALLANDALE FL		44 CITY-SY-ZIP		\ \
TITLE	PD	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALABRO, CARMELA		5.2 NAME		
STREET ADDRESS	1936 S. OCEAN DRIVE 18A		5.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		5.4 CITY-ST-ZIP		
THILE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		Į
STREET ADDRESS			6.3 STREET ADDRESS		

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

6.4 CITY - ST - ZIP

SIGNATURE: <==

CITY - \$1 - ZIP

FILED

Apr 04 1997 8:00am

Secretary of State