


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # F51299 1. Entity Name TAURUS INTERNATIONAL MANUFACTURING, INC.	
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Principal Place of Business 16175 NW 49TH AVENUE MIAMI, FL 33014	Mailing Address 16175 NW 49TH AVENUE MIAMI, FL 33014
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2159483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
2130 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000100138 03/31/04-80032-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS ESTIMA, LUIS AVENIDA DO FORTE 511 PORTO ALEGRE RS,BRAO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURGEL, CARLOS ALBERTO AVENIDA DO FORTE 511 PORTO ALEGRE RS,BRAO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT SOARES, RUY F. AVENIDA DO FORTE 511 PORTO ALEGRE RS,BRAO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MORRISON, ROBERT 16175 N.W. 49TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BLENKER, DAVID 16175 N.W. 49TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BLOOM, SI H. 16174 NW 49TH AVENUE MIAMI, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **March 25, 2004** (905) 624-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #