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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harrls

Secretary of State DIVISION OF CORPORATIONS

## 1999

TACO DISTRIBUTORS, CORP.				
Principal Place of Business	Mailing Address			
2353 SW 11TH TERR PO BOX 595085 MIAMI FL 33159	PO BOX 997045 PO BOX 595085 MIAMI FL 33299			
2. Principal Place of Business	US  2a. Mailing Address			
21 23/3 S.W 11 Terr Suite, Apt. #, etc.	26 P.O. Box 997045 Suite, Apt. #, etc.			
anie, Apr. #, etc.	27			

## FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90086 011 \*\*\*150.00

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	DISTRIBUTORS, CORP.						
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•	Place of Business	Mailing Address					
2353 SW 1	11TH TERR 95085	PO BOX 997045 PO BOX 595085					
MIAMI FL	• 1 = -	MIAMI FL 33299		DO NOT WRITE IN THIS	SPACE		
	i	US		3. Date Incorporated or Qualifed		1	
	<u> </u>	O- Mailing Address		05/11/1982 4. FEI Number	A ===	lied For	
_ ^ ^	oal Place of Business  5.3 S.W 11 Text.	2a. Mailing Address	197045	59-2204562		Applicable	
	'Apt. #, etc.	Suite, Apt. #, etc.	101-		\$8.75 Ac		
22		27		5. Certificate of Status Desired	Fee Req	uired	
- City &	State .	City & State	<u></u>	6. Election Campaign Financing	<b>5.00</b> .м	- 1	
	usmu-tl.	28 MIAMI	<u> </u>	Trust Fund Contribution	Added to	Fees	
Zip 24 3	3131 25 U.S.	29 33299 30	Country S	<ol><li>This corporation owes the current year Int Personal Property Tax.</li></ol>		⊒No	
24 5	9, Name and Address of Current R	·	<u> </u>	10. Name and Address of New Registered			
			81 Name				
,	TACORONTE, CARMEN	•	82 Street Add	dress (P.O. Box Number is Not Acceptable)	<del></del>	——	
	2353 SW 11TH TERR		GZ Street Add	areas (1.0. DOX Hallipel is Not Acceptable)			
ļ	MIAMI FL 33135		83			}	
Ì			84 City		85 Zip Co	ode	
				FL	- } <u> </u>	ngiotorod	
office	or registered agent, or both, in the State of I	Florida. Such change was auth	onzed by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing its r ntment as regi	eyrsterea istered	
anen	at. I am familiar with, and accept the obligation	no of Contion 607 0605 Elected	a Statutoc			l l	
ugu,	it. I am familial with, and accept the obligation	is of, Section 607.6565, Florida	a Statules.			1	
SIGNATE	JRE		gistered Agent signature require	red when reinstating) DATE	<del></del>		<u> </u>
- 1		nd title if applicable. (NOTE: Re		red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN			(00)
SIGNATI	Signature, typed or printed name of registered agent are OFFICERS AND PT	nd title if applicable. (NOTE: Re	gistered Agent signature require		ID DIRECTOR	RS IN 12	(44,00)
SIGNATU	Signature, typed or printed name of registered agent are OFFICERS AND PT TACORONTE, CARMEN	nd title if applicable. (NOTE: Re	gistered Agent signature require  13.  1.1 TITLE  1.2 NAME				(90/11/100)
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14. I 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, with all other like empowered.

SIGNATURE: