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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF S:
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIOI

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # F95000003170 (6)

1. Corporation Name
TAGLIN INVESTMENTS, INC

Principal Place of Business	Mailing Address
C/O NADIA S. EDWARDS. CPA 290 174TH ST., STE 1510 MIAMI BEACH FL 33160-3252	C/O NADIA S. EDWARDS. CPA 290 174TH ST., STE 1510 MIAMI BEACH FL 33160-3252

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified
06/30/1995

4. FEI Number
65-0571241

5. Certificate of Status Desired ☐ $8.7 Fee

6. Election Campaign Financing Trust Fund Contribution ☐ $5.0 Addi

8. This corporation owes or has paid the current year Personal Property Tax due June 30 ☐ Yes

9. Name and Address of Current Registered Agent

EDWARDS, NADIA S CPA
290 174TH ST., STE 1510
MIAMI BEACH FL 33160-3252

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85

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 registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS			13	
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Chang
NAME	EDWARDS, NADIA S CPA		1.2 NAME	
STREET ADDRESS	290 174TH ST., STE 1510		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160-3252		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Chang
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Chang
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Chang
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Chang
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Chang
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****150.00 ****150.00

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.

SIGNATURE: Nadia S Edwards Nadia S. Edwards 4/12/00 (305)93
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(305)932-3325