

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G75773** (3)

1. Corporation Name
TATATECH, INC.

Principal Place of Business 1001 W. HAINES ST PLANT CITY FL 33566	Mailing Address 1001 W. HAINES ST PLANT CITY FL 33566
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/22/1983	3a. Date of Last Report 04/19/1994
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2. Principal Place of Business 21 Suito, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suito, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2350255 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LAMBA, SAVINDER P. 1001 W, HAINES ST. PLANT CITY FL 33566	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 Zip Code
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCLOSKEY, JOHN 2601 SCHORTZ AVE BRONX NY	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LAMBA, SAVINDER P. 2102 GOLFVIEW DR. PLANT CITY FL	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SETH, D.S. BOMBAY HOUSE, 24 HOMI BOMBAY, INDIA	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASHCROFT, L. DERRICK PO BOX 1528 N/A TRUTH OR CONSEQUENCES NM	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAVARANA, F.K. GOTTHARDSTRASSE 3, CH8300 ZUG, SWITZERLAND	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAI, RABIN D. DR. 2908 FOREST CLUB DR PLANT CITY FL	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lamba Savinder Lamba 1/12/95 813-754-2602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deponent Thereof