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 MAR -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J87181 (0)

1. Corporation Name
TARATSA CORPORATION

Principal Place of Business	Mailing Address
1300 S. HIGHLAND AVE. 1701 DREW ST. STE., #1 CLEARWATER FL 34616 US	1300 S. HIGHLAND AVE. 1701 DREW ST. STE., #1 CLEARWATER FL 34616 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/07/1987
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 1300 S. Highland Ave.
22 Suite, Apt. #, etc.
23 City & State: Clearwater, FL.
24 Zip: 34616 25 Country: US

2a. Mailing Address
26 1300 S. Highland Ave
27 Suite, Apt. #, etc.
28 City & State: Clearwater, FL.
29 Zip: 34616 30 Country: US

4. FEI Number: 59-2845439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUN STATE MANAGEMENT & REALTY
1300 S. HIGHLAND AVE.
SUITE #1
CLEARWATER FL 34616

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

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LEUNES, PETER	1.2 NAME	
STREET ADDRESS	62 STEPNEY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEUNES, GEORGE	2.2 NAME	
STREET ADDRESS	34 GAVNOR STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LEUNES, GUS	3.2 NAME	
STREET ADDRESS	712 BUFFALO AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LINDENHURST NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: George Leunes Feb 11, 95 718 317 8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
George Leunes

0356442 CP