

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K49995 (9)

1. Corporation Name
TAKI CO.
1120 SW 120 ST.
MIAMI FLA 33176

Principal Place of Business 46 MAVIS CARACOSTAS 1120 SW 121 ST. MIAMI FLA 33176	Mailing Address EVAN CARA COSTAS 1219 SUNCREST WAY CO. SPYNS. CO. 80906
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3. Date Incorporated or Qualified 12/06/1998	3a. Date of Last Report 11/27/97
4. FEI Number 650149376	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MAVIS CARACOSTAS
1120 SW 121 ST.
MIAMI FLA 33176

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable) 3600 N.W. 37 ST
83. City	84. City Miami
85. Zip Code	FL 33142

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: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVAN CARACOSTAS	1.2 NAME	
STREET ADDRESS	1219 SUNCREST WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	CO. SPYNS CO. 80906	1.4 CITY - ST - ZIP	
TITLE	D EDWARD E CARACOSTAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD E CARACOSTAS	2.2 NAME	
STREET ADDRESS	1219 SUNCREST WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	CO. SPYNS CO. 80906	2.4 CITY - ST - ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD E CARACOSTAS	3.2 NAME	
STREET ADDRESS	1219 SUNCREST WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	CO. SPYNS CO.	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	700002176257
STREET ADDRESS		5.3 STREET ADDRESS	-05/13/97--01026--031
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***165.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	CS
STREET ADDRESS		6.3 STREET ADDRESS	516197
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 in this report, or on an attachment with an address.

SIGNATURE: *Evan Caracostas* **EVAN CARACOSTAS** / **4/21/97** **719-576-6576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)