

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 APR 28 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03249

(4)

1. Corporation Name

TAMARAC INTERNATIONAL CORP.

Principal Place of Business

8003 NW 29TH ST
MIAMI FL 33122
US

Mailing Address

8003 NW 29TH ST
MIAMI FL 33122
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1989

3a. Date of Last Report

03/18/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1075666

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

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

9. Name and Address of Current Registered Agent

SIRVEN, JOSE E.
701 BRICKELL AVE
SUITE 3000
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
SARDI, RAFAEL
8003 N.W. 29TH ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
SARDI, ADOLFO
8003 N.W. 29TH ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VI
SIRVEN, JOSEPH E.
8003 N.W. 29TH ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

DP
SARDI, RAFAEL
8003 NW 29 ST.
MIAMI, FL 33122

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

VTD
SARDI, ADOLFO
8003 NW 29 ST.
MIAMI, FL 33122

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

VSD
SARDI, CARLOS
8003 NW 29 ST.
MIAMI, FL 33122

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

D
SARDI, ADRIANA
8003 NW 29 ST.
MIAMI, FL 33122

☐ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ 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 in an attachment with an address.

SIGNATURE:

Rafael Sardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAFAEL SARDI (DP)

4/22/95

305-594-6652