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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03249

TAMARAC INTERNATIONAL CORP.

(4)

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FILED

Jun 16 1997 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address			4 HORIZON OU ODION III O SURIE DINŽO ODII	OFORE MINIT DEATH BEDES NINIT ALDER INDI
8003 NW 29TH	I ST	8003 NW 29TH ST				
MIAMI FL 8312	22	MIAMI FL 33122-1058				
US		US			3. Date Incorporated or Qualified 07/19/1989	3a. Date of Last Report 02/01/1996
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			65-1075666	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		·	G. Obranicate of States Beening	Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	T 0:-1-		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax under s. 199.032,] Yes - []] No
24	25 9. Name and Address of Curre	29 Annt	30		Florida Statutos 10. Name and Address of New Re	
CIDA	VEN, JOSE E.	in negratorea regent	81	Name	in the state of th	giota a rigori
	BRICKELL AVE				·	
	TE 3000		82	Street Add	ress (P.O. Box Number is Not Acceptab	de)
	MI FL 33131		83			
MIN	MI 1 E 00 10 1				·	
I			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	ites, the abov	e-named corr	poration submits this statement for the p	urpose of changing its registered
office or I agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was actions of, Section 607,0505, F	authorized b lorida Statute	y the corpora s.	tion's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NC	JTE Registered Ag	eni signature requi	ired when reinstaing)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	☐ DELETE	1.1 TOTUE			Change Addition
NAME	SARDI, RAFAEL		1.2 NAME			
STREET ADDRESS	8003 N.W. 29TH ST.		1.3 STREE	I ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST - 71P		
TITLE	VID	☐ DELETÉ	2.1 TITLE			Change Addition
NAME	SARDI, ADOLFO		2.2 NAME			
STREET ADDRESS	8003 N.W. 29TH ST.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY -	S1-7IP	,	
TITLE	VSD	☐ DELFTE	3.1 TITLE			Change Addition
NAME	SARDI, CARLOS		3.2 NAME			
STREET ADDRESS	8003 NW. 29TH ST.		3.3 STREE	ADDRESS		
CITY-ST-ZIP	MIAMI FL	· · · · · · · · · · · · · · · · · · ·	3.4 CHTY-	S1-ZIP		
TALE	D CARROL ADDIANA	DELETE	4.1 1111.6			Change Addition
NAME	SARDI, ADRIANA		4. 2 NAME	i		
STREET ADDRESS	8003 NW 29 ST.			T ADDRESS		
CITY-ST-ZIP	MIAMI FL	F7 00.000	4.4 CITY -	S1-ZIP		[] o _b [] 1
TITLE		☐ DELETE	5.1 TITLE	1		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP		The section	5.4 CITY -	ST-ZIP	and the second of the second o	
TALE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREE	1 ADDRESS		
CITY-ST-7IP			6.4 CITY -	\$1-7IP		

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 if changed, or on an attachment with an address.