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 **FILED**

May 13 1997 8:00am

Secretary of State

DOCUMENT #

(2)

TAHITI CORPORATION

Principal Place of Business * PERCY BUZAGLO 1001 S. BAYSHORE DRIVE. SUITE 2410 MIAMI FL 33131		Mailing Address % PERCY BUZAGLO 1001 S. BAYSHORE DRIVE. SUITE 2410 MIAMI FL 33131-4907				
				3. Date Incorporated or Qualified 08/25/1989	3a. Date of Last Report 05/01/1996	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0166732	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	-		5. Octanicale of Status Desireo	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	7ip	Countr		Trust Fund Contribution	Added to Fees
24	25	29	30	,	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9, Name and Address of Currer				10. Name and Address of New Re	
BUZ	'AGLO, PERCY		81	Name		
	1 S. BAYSHORE DRIVE		82	Street	Address (P.O. Box Number is Not Acceptate	ole)
	TE 2410					,
MIAI	MI FL 33131	,	83	'		
			84	City		85 Zip Code
11 Pursuant I	to the provisions of Sections 607.05.0	2 and 607 1508 Florida Statute	or the abov	(2 pamer	corporation submits this statement for the p	FL 85 210 Code
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Flo	iuthorized b orida Statute	y the cor	poration's board of directors. Thereby accep	of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered aga	(NCI)	Domesticas Ac	met einertie	e required when reinstaring)	DATE:
12.	OFFICERS AN		13.	HARLENG RELUCE	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	BUZAGLO, PERCY		1.2 NAME			
STREET ADDRESS	% 1001 S. BAYSHORE DR		1.3 SURT	1 AODRESS		2.
CITY-ST-ZIP	MIAMI FL		14 CHY-	\$1 - 712	MIAMI, FL 33129	
TITLE		☐ DELETE	21101			Change Addition
NAME			2.2 NAME			
STREET ADDRESS				1 ADDRESS		
TITLE		DELFIE	2 4 CHY-	\$1 - 71P		Change Addition
NAME		בן ענוונ	3.1 HELL 3.2 NAME			Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. Cily-			
TITLE		DELETE	4.1 1/ILE	01 20		Change Addition
NAME	4		4. 2 NAME			, = • • • •
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	S1 - ZiF		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			1
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-ST-ZIP		Topics:	5.4 C(1)Y-	S1-ZII [,]		
TITLE	* * * * * * * * * * * * * * * * * * *	☐ DELETE	6 1 TITLE			Change Addition
NAME			62 NAME.			
STREET ADDRESS				1 ADDRESS		
14. I do hereb	ov certify that the information supplied	with this filling does not qualif	6.4 CITY-	omotion s	stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
intormation I am an of	n in dicat ed on this a cquial report or s	upplemental annual report is tr <u>The</u> receiver or trustee empow	ue and acc ered to exe	urate and	d that my signature shall have the same legareport as required by Chapter 607, Florida S	Laffact as if made under eath: that