

FILE NOW: FILING FEE AFTER MAY 1ST IS \$300.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L12037 ✓
 Corporation Name

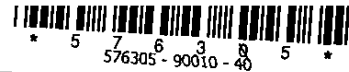
Tahiti Corp

 Place of Business
 101 Crandon Blvd #470
 Key Biscayne, FL 33149

 Mailing Address
 c/o Cervera Real Estate
 1492 S. Miami Ave
 Miami, FL 33130

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90019 035 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 101 Crandon Blvd Suite, Apt. & etc. 470		Mailing Address 26 1492 S. Miami Ave. Suite, Apt. & etc. 27		4. Post Number 65-0223359		Applied For Not Applicable	
City & State Key Biscayne, FL		City & State 28 Miami, FL		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip 33149		Country 29 USA		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		Zip 33130		Country 30 USA		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

 Inaki Salzarbitoria
 1492 S. Miami Ave
 Suite 203
 Miami, FL 33130

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1308, Florida Statutes, the above-named corporation authorizes the undersigned 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 607.0806, Florida Statutes.

 SIGNATURE Inaki Salzarbitoria DATE 5-28-99
 Signature must be written name of registered agent and not a photocopy (NOTE: No printed Agent Signature needed unless requested)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
P/S/T/T	Percy Buzaglo	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
	524 Woodcrest Rd	2.1 TITLE	2.2 NAME
	Key Biscayne, FL 33149	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing does not violate for the corporation stated in Section 119.07(3)(X), 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 as an authorized agent, with an address, with all other live incorporators.

 SIGNATURE: Percy Buzaglo
 Signature must be written name of registered agent and not a photocopy

4-20-99

305 361-7945