SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23153 (4)

1. Corporation Name

TAQUERAL CORPORATION

Principal Place of Business	Mailing Address
% MARTIN LIRA 601 S. BAYSHORE BLVD., #750 TAMPA FL 33606	% MARTIN LIRA 601 S. BAYSHORE BLVD., #750 TAMPA FL 33606

3. Date Incorporated or Qualified: 10/12/1989
3a. Date of Last Report: 03/08/1995
4. FEI Number: 59-2981502 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 601 S. Bayshore Blvd
Suite, Apt #, etc
22 Suite 800
City & State
23 Tampa, Florida
24 Zip 33606
25 Country USA

2a. Mailing Address
26 601 S. Bayshore
Suite, Apt #, etc
27 Suite 800
City & State
28 Tampa, Florida
29 Zip 33606
30 Country USA

9. Name and Address of Current Registered Agent

ECHEVARRIA, MICHAEL J ESQUIRE
601 S. BAYSHORE BLVD., SUITE 750
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 601 S. Bayshore Blvd, Suite 800
83
84 City Tampa FL 85 Zip Code 33606

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] 8/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	LA BARRA, BELTRAN		1.2 NAME	
STREET ADDRESS	601 S. BAYSHORE BLVD., #750		1.3 STREET ADDRESS	601 S Bayshore Blvd., Suite 800
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	VTD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	LIRA, MAGDALENA		2.2 NAME	
STREET ADDRESS	601 S. BAYSHORE BLVD., #750		2.3 STREET ADDRESS	601 S. Bayshore Blvd., Suite 800
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	VP	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	ANTONUCCI, DANIEL M		3.2 NAME	
STREET ADDRESS	601 S. BAYSHORE BLVD., #750		3.3 STREET ADDRESS	601 S. Bayshore Blvd., Suite 800
CITY-ST-ZIP	TAMPA FL 33606		3.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date