SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT Aug 13 1997 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # L23153 (4) **TAQUERAL CORPORATION** Principal Place of Business Mailing Address 601 S BAYSHORE BLVD 601 S BAYSHORE SUITE 800 SUITE 800 DO NOT WRITE IN THIS SPACE TAMPA FL 33606 TAMPA FL 33606 3. Date Incorporated or Qualified 3a. Date of Last Report US 10/12/1989 08/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2981502 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zip Country Ζip 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ECHEVARRIA, MICHAEL J ESQUIRE 601 S BAYSHORE BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 800 83 **TAMPA FL 33808** 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change PSD DELETE 1.1 THILE TITLE LA BARRA, BELTRAN NAME 1.2 NAME **601 BAYSHORE BLVD SUITE 800** STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 City-St-2(P CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE LIRA, MAGDALENA 2.2 NAME NAME 601 S BAYSHORE BLVD #800 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE ANTONUCCI, DANIEL M NAME 601 S BAYSHORE BLVD #800 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition 41 THLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with the information indicated on this annual report or supplepting the conversion or the ify in the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the true and accurate and that my signature shall have the same legal effect as if made under oath; that were some content of the content I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or or KCCI

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