FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

4/01/95-kb FILED
95 JUL 10 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L25955 (0)

1. Corporation Name
TAMFLA I CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
599 LEX AVE. 26 FL NEW YORK NY 10043 US	801 NORTHEAST 167TH ST SUITE 300 N MIAMI BCH FL 33162 US

3. Date Incorporated or Qualified: 10/27/1989
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 13-3559862 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HOYES, LOU	1.2 NAME		
STREET ADDRESS	ONE SOUTHEAST THIRD AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	DVAS	2.1 TITLE		☐ Change ☐ Addition
NAME	BARR-TITLEY, JOANN	2.2 NAME		
STREET ADDRESS	ONE SOUTHEAST THIRD AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	VS	3.1 TITLE		☐ Change ☐ Addition
NAME	KILLOUGH, JCK	3.2 NAME		
STREET ADDRESS	2001 ROSS AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP		
TITLE	VAS	4.1 TITLE	VAS	☒ Change ☐ Addition
NAME	KENVIN, EVELYN	4.2 NAME	Beckett, Steven	
STREET ADDRESS	599 LEXINGTON AVENUE	4.3 STREET ADDRESS	2001 Ross Avenue	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	VT	5.1 TITLE	VT	☒ Change ☐ Addition
NAME	CALIA, VITO	5.2 NAME	Brandi, Teresa	
STREET ADDRESS	850 THIRD AVE	5.3 STREET ADDRESS	850 Third Avenue	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10043	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: _____ 4-24-95 Date 214-953-3713 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING
JACK KILLOUGH

0178200 CP