FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

5-1-96 B-6570-C

DOCUMENT # **L25980** (8)

1. Corporation Name

TAMFLA X CORP.

Principal Place of Business	Mailing Address
599 LEXINGTON AVE 26TH FLR NY NY 10043 US	801 NE 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/27/1989**

3a. Date of Last Report: **07/10/1995**

4. FEI Number: **13-3559838** ☐ 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

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC.
801 NE 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 agent is a corporation (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOYLES, LOU		1.2 NAME	Nuckols, William	
STREET ADDRESS	ONE SOUTHEAST AVE		1.3 STREET ADDRESS	599 Lexington Avenue	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	New York, NY	
TITLE	DVAS	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	BARR-TITLEY, JOANN		2.2 NAME	Silverstein, Wendy	
STREET ADDRESS	ONE SOUTHEAST AVE		2.3 STREET ADDRESS	599 Lexington Avenue	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	New York, NY	
TITLE	VS	☒ DELETE	3.1 TITLE	VS	☒ Change ☐ Addition
NAME	KILLOUGH, JACK		3.2 NAME	Hageman, Geralyn	
STREET ADDRESS	2001 ROSS AVE		3.3 STREET ADDRESS	599 Lexington Avenue	
CITY-ST-ZIP	DALLAS TX		3.4 CITY-ST-ZIP	New York, NY	
TITLE	VAS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KENVIN, EVELYN		4.2 NAME		
STREET ADDRESS	599 LEXINGTON AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	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	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: W H Nuckols 4/29/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

WILLIAM H. NUCKOLS