

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

DOCUMENT # L25982 (4)

1. Corporation Name  
TAMFLA XI CORP.



Principal Place of Business

599 LEX AVE  
26TH FLOOR  
NEW YORK NY 10043

Mailing Address

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  
07/10/1995

4. FEI Number

13-3559843

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOYES, LOU  
STREET ADDRESS ONE SOUTHEAST THIRD AVE  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE VASD  
NAME VARR-TITLEY, JOANN  
STREET ADDRESS ONE SOUTHEAST THIRD AVE  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE VS  
NAME KILLOUGH, JACK  
STREET ADDRESS 2001 ROSS AVE  
CITY-ST-ZIP DALLAS TX

☒ DELETE

TITLE VAS  
NAME KENVIN, EVELYN  
STREET ADDRESS 599 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

☒ DELETE

TITLE VT  
NAME CALIA, VITO  
STREET ADDRESS 850 THIRD AVE  
CITY-ST-ZIP NEW YORK NY

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Nuckols, William  
1.3 STREET ADDRESS 599 Lexington Avenue  
1.4 CITY-ST-ZIP New York, NY  
☒ Change ☐ Addition

2.1 TITLE VD  
2.2 NAME Silverstein, Wendy  
2.3 STREET ADDRESS 599 Lexington Avenue  
2.4 CITY-ST-ZIP New York, NY  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE VS  
4.2 NAME Hageman, Gernlyn  
4.3 STREET ADDRESS 599 Lexington Avenue  
4.4 CITY-ST-ZIP New York, NY  
☒ Change ☐ Addition

5.1 TITLE VT  
5.2 NAME Brandi, Teresa  
5.3 STREET ADDRESS 850 Third Avenue  
5.4 CITY-ST-ZIP New York, NY  
☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM H. NUCKOLS

4/29/96

Day/Date/Time

CR2E034 (12/95)