

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L46391 (3)

1. Corporation Name

TAMFLA XIII CORP.

Principal Place of Business

**599 LEX AVE
26TH FLOOR
NEW YORK NY 10043**

Mailing Address

**801 N.E. 167TH STREET
SUITE 300
N. MIAMI BEACH FL 33162**

FILED

95 JUL 10 AM 9:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/31/1990

3a. Date of Last Report

09/01/1994

4. FEI Number

13-3559849

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOYES, LOU
STREET ADDRESS	ONE SOUTHEAST THIRD AVE
CITY - ST - ZIP	MIAMI FL
TITLE	DVAS
NAME	BARR-TITLEY, JOANN
STREET ADDRESS	ONE SOUTHEAST THIRD AVE
CITY - ST - ZIP	MIAMI, FL Y
TITLE	VS
NAME	KILLOUGH, JACK
STREET ADDRESS	2001 ROSS AVE
CITY - ST - ZIP	DALLAS TX
TITLE	VAS
NAME	KENVIN, EVELYN
STREET ADDRESS	599 LEXINGTON AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	VT
NAME	CALIA, VITO
STREET ADDRESS	850 THIRD AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 MUST BE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK KILLOUGH

4-24-95

Date

(214) 953-3713

Daytime Phone #