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 # **L46391** **(3)**

1. Corporation Name

TAMFLA XIII CORP.

Principal Place of Business	Mailing Address
599 LEX AVE 26TH FLOOR NEW YORK NY 10043	801 N.E. 167TH STREET SUITE 300 N. MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 01/31/1990
3a. Date of Last Report: 07/10/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 ____

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 ____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE	PD	☒	☐
1.2 NAME	Nuckols, William		
1.3 STREET ADDRESS	599 Lexington Avenue		
1.4 CITY-ST-ZIP	New York, NY		
2.1 TITLE	VT	☒	☐
2.2 NAME	Brandi, Teresa		
2.3 STREET ADDRESS	850 Third Avenue		
2.4 CITY-ST-ZIP	New York, NY		
3.1 TITLE	VS	☒	☐
3.2 NAME	Hageman, Geralyn		
3.3 STREET ADDRESS	599 Lexington Ave		
3.4 CITY-ST-ZIP	New York, NY		
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	VD	☒	☒
6.2 NAME	Silverstein, Wendy		
6.3 STREET ADDRESS	599 Lexington Avenue		
6.4 CITY-ST-ZIP	New York, NY		

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] — 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM H. NUCKOLS

CR2E034 (12/95)