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PROFIT CORPORATION ANNUAL REPORT

1997

TANYA & COMPANY, INC.

SIGNATURE:



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L77974

(8)

FILED Jan 21 1997 8:00am Secretary of State



Principal Place of Business 1855 GRIFFIN ROAD SUITE B404 DANIA FL 33004 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Cry & State		Mading Address 1855 GRIFFIN ROAD SUITE B404 DANIA FL 33004-2242 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 City & State		3. Date Incorporated or Qualified 06/05/1990 4. FEI Number 65-0203745 5. Certificate of Status Desired 6. Election Campaign Financing 3a. Date of Last Report 02/13/1996 Applied For Not Applied For Required \$8.75 Additional Fee Required \$5.00 May Be		Applied For Not Applicable Additional Required	
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zio	Coul	ntry	8. This corporation has liability for		s. 199.032,
24	25	29	30			Yes No	·····
00181	 Name and Address of Current EIDER, ALAN B ESQ. 	Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
20802 Suite Avent	BISCÁYNE BLVD. 200 TURA FL 33180			83 84 City	Idress (P.O. Box Number is Not Acceptal	FL 85 Z	p Code
office or re- agent 1 am SIGNATURE	the provisions of Sections 607-0503 g stored agent or both, in the States fam far with, and accept the obligation to the province the section of the section	of Florida, Such change was consiof, Section 607.0505, F care she if build cable (NC	authorized Torida Stati	by the corporates.	orporation submits this statement for the ration's board of directors. I hereby acce aured when renstating) ADDITIONS/CHANGES TO OFFI	pt the appointment a	as registered
TITLE	OFFICERS ANI.	DELETE	11717		ADDITIONS/CHANGES TO OFFI	Change	
NAME STREET ADDRESS CITY+ST+ZIP	Jorge, Juan C. 1855 Griffin Road #B404 Dania Fl	otter	12 NA 13 ST			C. Orlange	, Jabaan
NAME STREET ADDRESS	P Steinig, Tanya 1855 Griffin Road #B404 Dania Fl	DELETÉ		ME REET ADDRESS		Change	e 🔲 Addition
CITY - ST - 7:2 TITLE	DAMES I C	DELETE	2. 4 CI 3 1 TII	TY-ST-ZIP		Change	e Addition
NAME STREET ADDRESS		_ veen	3 2 NA 3.3 ST	ME REET ADDRESS		_ onunge	, , , , , , , , , , , , , , , , , , , ,
CITY ST 2F		T Dr i C'TE		TY-ST-ZIP			e Addition
NAME		[] DEFELE	4.1 Tit 4. 2 Ni	1		Change	י בו אסטונוסח
STREET ADDRESS							
CITY-ST-ZIP TITLE		DELETE	5.1 TIT	Y-ST-ZIP		Change	e Addition
NAME STREET ADOPESS		[] <i>o</i> ccent	52 NA			L Onerly	2 E-1 2000(/0(1
CITY-SI-ZIP				Y-ST-ZIP			
TITLE NAME		DELETE	61 TII	LE		Change	e Addition
STREET ADDRESS				REET ADDRESS			
CITY ST-ZIP			6.4 CF	Y-ST-ZIP			
14. I do hereby information I am an off-appears in	certify that the information supplied indicated on this angual report or st der or director of the corporation or Block 12 or Block 13 if changed, or	with this filling does not qua upply mental annual report is the receiver of trustee empo on an atach pentwith an ar	ilify for the true and a wered to e ddress	exemption stat ocurate and th xecute this rep	ted in Section 119.07(3)(i), Florida Statute nat my signature shall have the same leg port as required by Chapter 607, Florida	es. I further certify the al effect as if made a Statutes; and that my	at the under oath; tha y name