

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90009 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L90504** ✓ (L)

1. Corporation Name  
**TAMARA ENTERPRISES, INC.**

Principal Place of Business

5021 SW 151 TERR  
MIRAMAR FL 33027  
US

Mailing Address

~~PO BOX 458848~~  
~~SUNRISE FL 33345~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1990

4. FEI Number

65-0208789

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

TAMARA, EDGARDO  
5021 S.W. 151 TERR  
MIRAMAR FL 33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TAMARA, EDGARDO A.

STREET ADDRESS 5021 SW 151 TER

CITY-ST-ZIP MIRAMAR FL 33027

TITLE ☐ DELETE

NAME TAMARA, LEONOR

STREET ADDRESS 5021 SW 151 TER

CITY-ST-ZIP MIRAMAR FL 33027

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 hereby certify that the information supplied with this filing 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-27-99 (954) 442 2089

CR2E034 (5/99)

0071269

**TAMARA ENTERPRISES, INC.**  
**5021 SW 151<sup>ST</sup> TERRACE**  
**MIRAMAR, FL 33027**  
**(954) 442-2089**

L90504  
611616-90009-18

August 25, 1999

Annual Report Filings  
Division of Corporations  
P. O. Box 277525  
Tallahassee, FL 32314

Re: Tamara Enterprises, Inc.  
1999 Annual Report  
Document # L90504  
Fed ID# 65-0208789

Gentlemen:

We have just been informed by our current accountant that he received on August 17, 1999 from the predecessor accountant the "2<sup>nd</sup> Notice " Annual Report packet for the calendar year 1999 for us.

Our current accountant immediately called us to inform us about said notice.

A bit perplexed, he asked us if we filed the original notice he mailed to us on April 27<sup>th</sup>, 1999 with a check to the Department of State by May 1, 1999.

We searched our records and apparently we never received the original Annual Report form.

On the same day that our accountant mailed to us our Annual Report on April 27, 1999, he also mailed to other four clients of his, their reports.

As of August 17, 1999 our current accountant had no reason to believe that the original reports he mailed to his clients on April 27 would not be timely filed. Consequently, he confirmed the filing of aforesaid reports and was assured by his clients that they received them and filed them on time.

Apparently, our original Annual Report was lost in the mail.

Since, it was not our intention or fault to file our Annual Report late and it was beyond our control, please accept our check for the original fee of \$150.00 and abate any interest and penalties that it may have accrue to date.

Thank you for your prompt co-operation in resolving this matter.



E. Tamara, President

Encl: Annual Report 1999 and check for \$150.00