

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 # **M41523** (5)

1. Corporation Name
TALE'S OF MIAMI INC.



Principal Place of Business: 10101 COLLINS AVE. STE. 11F BAL HARBOUR FL 33154 US
Mailing Address: 10101 COLLINS AVE. SUITE 11F BAL HARBOUR FL 33154 US

3. Date Incorporated or Qualified: 11/12/1986
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-2748495
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 (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent

TACHER, ELIAS
8877 COLLINS AVENUE, SUITE 1001
MIAMI BEACH FL 33154

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: SD
NAME: LEVY, RUBEN
STREET ADDRESS: 2817 SW 21ST ST
CITY-ST-ZIP: MIAMI FL
2. TITLE: PD
NAME: TACHER, ELIAS
STREET ADDRESS: 10101 COLLINS AVE., STE. 11F
CITY-ST-ZIP: BAL HARBOUR FL
3. TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
4. TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
5. 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)