FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # M 41523

1. Corporation Name
TALE'S of Miami INC

Principal Place of Business
8816 Collins Ave
Miami Beach, Fl.
33154

Mailing Address
RUBEN Levy
144-31 72nd Ave
Flushing, N.Y 11367

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21: 8816 Collins Ave
Suite, Apt. #, etc.
22: 302
City & State
23: Miami Beach, FL.
Zip 24: 33154 Country 25:

2a. Mailing Address
26: 144-31 72nd Ave
Suite, Apt. #, etc.
27: Suite 34-A
City & State
28: Flushing, N.Y.
Zip 29: 11367 Country 30:

3. Date Incorporated or Qualified
11/12/86 - 03/20/97

4. FEI Number
59-2748495 ☐ 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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TACHER, Elias
10101 Collins Ave, Suite 11F
Miami Beach, FL. 33154

10. Name and Address of New Registered Agent
81 Name: RUBEN Levy
82 Street Address (P.O. Box Number is Not Acceptable): 8816 Collins Ave
83:
84 City: Miami Beach, FL 85 Zip Code: 33154

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
Signature, typed or printed name and title of person signing on behalf of the applicable [NOTE: Registered Agent signature required when reinstating]

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elias TACHER, Pres. 10101 Collins Ave. Miami, FL. 33154	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/Secretary RUBEN Levy 144-31 72nd Ave FLUSHING, N.Y. 11367	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	LS 3.18	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	900002461669 -03/19/98--01010--034 ***158.75	☐ Change ☐ Addition

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: Ruben Levy Pres 03/11/98 718 345 7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)