

7-10-97 B-7944-C
FILE NOW: FILING FEE IS \$61.25

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Jul 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45181** (7)
1. Corporation Name
TARPON UNLIMITED, INC.



Principal Place of Business 6900 BIRD ROAD MIAMI FL 33155 US	Mailing Address P.O. BOX 558567 MIAMI FL 33255-8567
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1991	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-3050753	Applied For ☐ Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

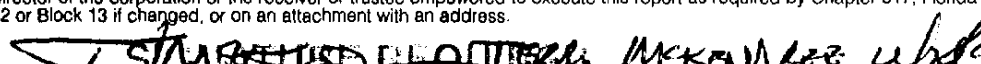
9. Name and Address of Current Registered Agent SILVA, CECILIA 5800 SW 42 TERRACE MIAMI FL 33155				10. Name and Address of New Registered Agent	
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City				85 Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SILVA, CECILIA	1.2 NAME	
STREET ADDRESS	5800 SW 42 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	President/Director ☐ Change ☒ Addition
NAME	MARIELA MAYBIN	2.2 NAME	Terry McKendree
STREET ADDRESS	CALLE MADERIA, QTA. MARISELA	2.3 STREET ADDRESS	450 N. Park Road Ste 710
CITY-ST-ZIP	LA CALIFORNIA SUR, CARACAS	2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D ☐ DELETE	3.1 TITLE	V. President/Director ☐ Change ☒ Addition
NAME	NELSON FAIRFOOT,	3.2 NAME	William Vartorella
STREET ADDRESS	PISO 2 APTD 22 EDIF. EL SOCORRO AVE.	3.3 STREET ADDRESS	277 Peckwood Drive
CITY-ST-ZIP	CARACAS, VENEZUELA	3.4 CITY-ST-ZIP	Camden, SC 29020
TITLE	☐ DELETE	4.1 TITLE	Treasurer/Director ☐ Change ☒ Addition
NAME		4.2 NAME	Tom Herrera
STREET ADDRESS		4.3 STREET ADDRESS	450 N. Park Road Ste. 710
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  802-333-3501

CR2E037 (9/96)