

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 009 ***150.00

DOCUMENT # *P01000011446*
1. Entity Name
TALAUERA CORPORATION ✓

DO NOT WRITE IN THIS SPACE

B0093365

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3291 W SUNRISE BOULEVARD

3. Mailing Address
3291 W SUNRISE BOULEVARD

Suite, Apt. #, etc.
I2SK21

Suite, Apt. #, etc.
I2SK21

City & State
F.T LAUDERDALE, FL

City & State
FT LAUDERDALE, FL

Zip *33311* Country *U.S.A*

Zip *33311* Country *U.S.A*

4. FEI Number
65-1076764

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NATIONSCORP REGISTERED AGENTS, INC

Street Address (P.O. Box Number is Not Acceptable)

526 E PARK AVE

City *TALLAHASSEE* FL Zip Code *32301*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PD
Romero, MARIO
CALLE 100 NO 14-63
OFIRINA 701 BOGOTA COLOMBIA*

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

CORPORATION

13. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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 11 or on an attachment with an address, with all other officers or directors.

SIGNATURE: _____

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02 (954) 585-1001

Date Date of Filing