

FILED

May 09, 2002 8:00 am
Secretary of State

05-09-2002 90081 014 ***150.00

FROM : 0

PHONE NO. : 0000000000

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051674
 1. Entity Name
TANNINGMANIA INC. ✓

B0093287

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 919 W. 39 ST.
 Suite, Apt. #, etc.

3. Mailing Address
 8180 N.W. 36 ST.
 Suite, Apt. #, etc.
 SUITE 230

City & State
 MIAMI BEACH FL

City & State
 MIAMI, FL

Zip
 33140

Country
 USA

Zip
 33166

Country
 USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

4. FEI Number
 65-1117723

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Name
 EDUARDO GONZALEZ
 Street Address (P.O. Box Number is Not Acceptable)
 8180 N.W. 36 ST.
 SUITE 230
 City
 MIAMI FL Zip Code
 33166

7. This 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]* DATE: 4-30-02

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

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

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	D, P
NAME	AFRANSO, ADOLFO
STREET ADDRESS	919 W. 39 ST.
CITY-STATE-ZIP	MIAMI BEACH FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included on this report or supplemental 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 recipient of INSTAAR information; and that this report is required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or on an immediately adjacent page, with my title and address.

SIGNATURE: *[Signature]* DATE: 04/30/02

305 674 1908
954 374 2744