

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 PM 1:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # P93000017822 (6)

1. Corporation Name
TALANA FISHER, INC.

500001476595
 -05/05/95--01003--009
 ****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
SUITE 210 SUITE 210
501 BRICKELL KEY DR. 501 BRICKELL KEY DR.
MIAMI FL 33131 MIAMI FL 33131

3. Date Incorporated or Qualified **03/09/1993** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0407707** 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**

7. This corporation has liability for intangible tax under s. 193.02, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **601 BRICKELL KEY DR.** 26 **601 BRICKELL KEY DR.**
 State, Apt. #, etc. State, Apt. #, etc.
 22 **805** 27 **805**
 City & State City & State
 23 **MIAMI, FL** 28 **MIAMI, FL**
 24 **33131** 25 **U.S.A.** 29 **33131** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
ALLEN, ROBERT N JR.
501 BRICKELL KEY DR.
STE. 210
MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name **ALLEN, G ALEGO**
 82 Street Address (P.O. Box Number is Not Acceptable) **601 BRICKELL KEY DR. ST 805**
 83
 84 City **MIAMI** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 601.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.025, Florida Statutes.

SIGNATURE *[Signature]* **ROBERT N. ALLEN, JR. - PRESIDENT** 4-28-95

12. OFFICERS AND DIRECTORS

1. TITLE	DPS
2. NAME	APPOLINARIO, JOAO B
3. STREET ADDRESS	501 BRICKELL KEY DR., STE. 210
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	ROBERT N. ALLEN, JR.	
7. STREET ADDRESS	601 BRICKELL KEY DR. ST 805	
8. CITY, ST, ZIP	MIAMI, FL 33131	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if my name appears in Block 12 of Block 13. I am a director or officer of the corporation or the receiver or trustee responsible to carry out this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13. I am a director or officer of the corporation.

SIGNATURE: *[Signature]* **ROBERT N. ALLEN, JR.** 4-28-95 (305) 372-2300
 SECRETARY