

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000017822 (6)

1. Corporation Name  
TALANA FISHER, INC.



Principal Place of Business  
801 BRICKELL KEY DR.  
ST. 805  
MIAMI FL 33131

Mailing Address  
801 BRICKELL KEY DR.  
ST. 805  
MIAMI FL 33131-2662

3. Date Incorporated or Qualified 03/09/1993  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 65-0407707  
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN & GALEGO  
601 BRICKELL KEY DR  
ST. 805  
MIAMI FL 33131

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [ ] DELETE  
NAME  
DPS  
2. STREET ADDRESS  
501 BRICKELL KEY DR., STE. 210  
3. CITY-STATE-ZIP  
MIAMI FL

1. TITLE [ ] DELETE  
NAME  
S  
2. STREET ADDRESS  
ALLEN, ROBERT N JR  
601 BRICKELL KEY DR, ST 805  
3. CITY-STATE-ZIP  
MIAMI FL 33131

1. TITLE [ ] DELETE  
NAME  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

1. TITLE [ ] DELETE  
NAME  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

1. TITLE [ ] DELETE  
NAME  
2. STREET ADDRESS  
3. CITY-STATE-ZIP

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, and on an attachment if an address.

SIGNATURE: Robert N. Allen, Jr. 4/30/97 (305) 372-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)