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

May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000026229 (3) DON TALLET, INC. Principal Place of Business Maiting Address 8360 W. FLAGLER ST. 4361 SW 8 ST #200 DO NOT WRITE IN THIS SPACE MIAMI FL 33144 MIAMI FL 33134 US 3. Date Incorporated or Qualified 04/09/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0405858 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LUACES, LORENZO L 8360 WEST FLAGLER ST. Street Address (P.O. Box Number is Not Acceptable) #200 63 MIAM! FL 33144 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 Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition Channe TITLE 1.1 TITLE LUACES, LORENZO L NAME 1.2 NAME 8360 W. FLAGLER ST. #200 STREET ADORESS 1.3 STREET ADDRESS MIAM! FL 33144 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition LUACES, TERESA NAME 2.2 NAME 8360 W. FLAGLER ST. #200 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33144** 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 animal good 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 13 if changed, or one artischmont with an address.

SIGNATURE:

**FILED** 

(305)446-6432

4-00-18