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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000051152 (5)

1. Corporal	TALARICO COMPANY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			I BIOLO HABO HABO BIOLO HABO BABO
Principal Pla	ace of Business	Mailing Address			
11321 SW 61ST ST 11321 SW 61ST ST				\ .	
MIAMI FL 33173 MIAMI FL 33173					
US	·	US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
2 Principal	Place of Business	2a. Mailing Address		07/15/1993 4. FEI Number	Applied For
21	Tides of positions	26		65-0430146	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Curr	29 ant Begintered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Register.	Yes No
	<del></del>	aur nedistaten Mänur	81 Name	IV. Halle BIO Address of New Hogister	au Agent
TALARICO, CARLA B					
11321 SW 61ST ST MIAMI FL 33176			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
\ 	MICHIEL DO 170		B3		
			7.6		7-7-7-6-4
			84 City	F	85 Zip Code
11. Pursuar	nt to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the purpose	of changing its registered
oπice o agent. I	r registered agent, or both, in the Sta am familiar with, and accept the obl	gations of, Section 607.0505, F	autnorized by the corpora orida Statutes.	poration submits this statement for the purposation's board of directors. I hereby accept the a	ippointment as registered
SIGNATURE	<u> </u>				
40	Signature, typed or printed name of registered a		TE: Registered Agent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	
12.	D D OFFICERS A	ND DIRECTORS  DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	TALARICO, CARLA B	المال المال	1.2 NAME		_ Change _ Augusti
STREET ADDRESS	44004 0111 0407 07		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1,4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TALARICO, ROBERT	7	2.2 NAME		
STREET ADDRESS	44444 600 6467 67		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	s		3.3 STREET ADDRESS	•	
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	s		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Į.		5.2 NAME		
STREET ADDRESS	S		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition

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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Paparation or an effectment with an earlier state.

6.2 NAME

6.3 STREET ADDRESS

CIONATURE.

NAME

STREET ADDRESS

*7*5

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**FILED** 

Mar 03 1998 8:00am

Secretary of State