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 #
1. Corporation Name

P93000063167 (9)

TAYDASEN, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									- 1 TODISODI SIS COLOR SITIL BEST OBSIL ODISI DESID ERDO SIEDS TIOLO OTILI SEDESEDI			
7788 NW 55TH PL				7798 NW 55TH PL								
	CORAL SPRINGS FL 33067			CORAL SPRINGS FL 33067					DO NOT WRITE IN THIS SPACE			
·									3. Date Incorporated or Qualified			
									-	09/07/1993		
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number		pplied For
21	–			26					65-0437228		lot Applicable	
	Sulte, Apt. #, etc.			Suite, Apt. #, etc.					Б	Certificate of Status Desired	• •	Additional
22				27					<u> </u>			Required
_	City & State			City & State						Election Campaign Financing		May Be
23	Zip		Country	Z(p Country					Trust Fund Contribution		to Fees	
24	Zip	<u> </u>	5	29	30	Country	•			This corporation owes or has paid the Personal Property Tax due June 30.	- //	nangible □ No
24			nd Address of Current F		30	<u>''</u>				Name and Address of New Register		
		SON, PAI		_ 		81	N	lame				
		O UNIVER		[trant Addra	oo (D	O. Boy Number in Net Acceptable)		
	#10		OIT OIT				5	treet Addre	SS (P.	O. Box Number is Not Acceptable)		
			NGS FL 33071				1					
	001	THE OTHER	10012 00071			-	<u></u>				lor l 7in	0.4
						84	"	ity	•	F	:L 85 Zip	Code
11	. Pursuant to t	he provisio	ns of Sections 607.0502 a	and 607.1508, Flor	ida Statutes, t	he above	ө-па	amed corpo	ration	submits this statement for the purpos	e 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 plinted hanks of registered agont and little if applicable (NOTE Registered Agent signature required when reinstating) DATE												55 111 10
12			OFFICERS AND D		ELET É	13.	-		A	ADDITIONS/CHANGES TO OFFICERS A	Change	
	NAME WILSON, PANCHETA			ں بہا							Consinge	Accasion
	ARABAMINEROIS DE MAN				1.2 NAME			onree				:
	STREET ADDRESS 1500 UNIVERSITY DR. #101 COTY-ST-ZIP CORAL GABLES FL 33071			1.3 STREET ADDRES 1.4 City-St-Zip			- 1				1	
TIT		VD	GADLES IL SOUT		ELETE	21 TITLE	51 - 21				Change	Addition
	ME		N, GWENDOLYN			2.2 NAME					_ ,	_
	TREET ADDRESS 7798 NW 55 PL						EE1 ADDRESS					-
	TY-ST-ZIP CORAL SPRINGS FL 33067				2.40			1				ļ
TIT				D	ELETE	3.1 TITLE	<u> </u>	····			Change	☐ Addition
	ME					3.2 NAME						
	REET ADDRESS					3.3 STREET	T ADD	DRESS				
	Y-ST-ZIP	_				3.4. CITY-5	<u>S1</u> - Z	YP				
TIT				D	ELETE	4.1 TITLE					Change	☐ Addition
NA	ME					4. 2 NAME						
\$T	REET ADDRESS					4.3 STREET	T ADD	PRESS				
Cf	Y+ST-ZIP					4.4 CITY-S	ST - Z)	P				
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N/A	ME					5.2 NAME						
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СП	Y-ST-ZIP					6.4 CITY-S	ST-ZI	P		- 440 07/0VIV Clasida Chabataa I danba		

I 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 informatio indicated on this annual report of 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 chapter 607, or on an attachment with an address.

110/161