

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000080973 (9)

1. Corporation Name

TAGA INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**2355 N. BAY ROAD
MIAMI BEACH FL 33140**

**PO BOX 521672
MIAMI FL 33152-1672
US**

3. Date Incorporated or Qualified 11/18/1993	3a. Date of Last Report 04/21/1995
4. FEI Number 65-0456947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1720 COMBERLAND POINT DRIVE	26 1720 COMBERLAND POINT DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 7	27 SUITE 7
City & State	City & State
23 MARIETTA GA	28 MARIETTA GA
Zip	Zip
24 30067	29 30067
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

**CARVALHO-SILVA, FABIO
2355 N. BAY ROAD
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name KAREN LEOPOLD
82 Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD
83 SUITE # 501
84 City AVENTURA
85 Zip Code FL 33180

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 agent 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]* **Karen Leopold, Reg Agent** **7/30/96**
Signature of officer, director, or trustee of the corporation, or the registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	CARVALHO-SILVA, FABIO	
STREET ADDRESS	2355 N. BAY ROAD	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/>
NAME	CARVALHO-SILVA, MARLI	
STREET ADDRESS	2355 N. BAY ROAD	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	4331 EDGEHURST DRIVE		
1.4 CITY - ST - ZIP	MARIETTA GA 30062		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	4331 EDGEHURST DRIVE		
2.4 CITY - ST - ZIP	MARIETTA GA 30062		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **FABIO CARVALHO-SILVA** **07/29/96** **(770) 612-1222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DRYLINE PHONE #

CR2E034 (3/96)