FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003710 (8)**

1. Corporation Name
TAI & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
12271 SW 106TH STREET MIAMI FL 33186	12271 SW 106TH STREET MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report:

2. Principal Place of Business 21 2100 PONCE DE LEON BLVD	2a. Mailing Address 26 2100 PONCE DE LEON BLVD.	4. FEI Number 65-0460215	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE 1050	Suite, Apt. #, etc. 27 SUITE 1050	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33134 / 25	Zip / Country 29 33134 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITE, DANIEL T ONE BOCA PLACE, SUITE 340 WEST 2255 GLADES ROAD BOCA RATON FL 33431	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VOPNFORD, DAVID SR	12 NAME	
STREET ADDRESS	RD 2, BOX LL60	13 STREET ADDRESS	
CITY-ST-ZIP	BLAIR NE 68008	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GILBERT, MELVIN	22 NAME	
STREET ADDRESS	6503 N. MILITARY TR.,#2105	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	O'HANLON, JOHN	32 NAME	
STREET ADDRESS	1569 WASHINGTON ST.	33 STREET ADDRESS	
CITY-ST-ZIP	BLAIR NE 68008	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BELLO, THOMAS	42 NAME	
STREET ADDRESS	12271 SW 106TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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, or on an attachment with an address.

SIGNATURE: Thomas Bello Thomas Bello 4-18-95 305 444 3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020096 CP