

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000017404 (2)**

1. Corporation Name  
**TACOLCY FLORIDA CITY, INC.**



Principal Place of Business Mailing Address  
**645 N.W. 62 STREET SUITE 300 MIAMI FL 33150**

3. Date Incorporated or Qualified **03/04/1994** 3a. Date of Last Report **01/27/1995**  
4. FEI Number **65-0503187** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 County 28 Zip 29 County 30

**9. Name and Address of Current Registered Agent**

**WOLFE, LEON J  
2 S. BISCAYNE BLVD.  
SUITE 3400  
MIAMI FL 33131-1897**

**10. Name and Address of New Registered Agent**

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 signing officer or director

Date typed or printed name of signing officer or director

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIMMONS, LORENZO</b>	1.2 NAME	<b>FLORENCE, Moses</b>
STREET ADDRESS	<b>645 N.W. 62 STREET, SUITE 300</b>	1.3 STREET ADDRESS	<b>645 NW 62nd Street, #300</b>
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	1.4 CITY-ST-ZIP	<b>Miami, Florida 33150</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>ROLLE, Anthony</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Miami, Florida 33150</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>645 NW 62nd Street, #300</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>PARKER, Carol</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>645 NW 62nd Street, #300</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Miami, Florida 33150</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(a), 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. 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 the agent, or on an attached sheet, in an address.

SIGNATURE: \_\_\_\_\_

Signature typed or printed name of signing officer or director

**2/27/96 (305)751-1050**  
Date and Telephone #

CR2E034 (12/95)