

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
5/20/94

05/20/1994 11:56

DOCUMENT # P94000039189 (3)

1. Corporation Name

TAPANES, INC.

MIAMI, FLORIDA

2. Principal Office Address

1883 NW 7 ST
STE 4
MIAMI FL 33125

3. Mailing Address

1883 NW 7 ST
STE 4
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

05/20/1994

3a. Date of Last Report

4. Filing State

FL-0693144

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

7. Long Corporation Name (Indicate if it is not the same as the Florida Statutes)

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAPANES, DANIEL
11880 SW 5 ST
MIAMI FL 33184

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 (0602) and 607 (1509), 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 (0605), Florida Statutes.

SIGNATURE

(Signature of professional or registered agent of the corporation)

(Signature of the board member or authorized officer of the corporation)

12. OFFICERS AND DIRECTORS

12.1 NAME	D TAPANES, DANIEL
12.2 STREET ADDRESS	11880 SW 5 ST
12.3 CITY, STATE, ZIP	MIAMI FL 33184
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY, STATE, ZIP	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, STATE, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, STATE, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, STATE, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, STATE, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, STATE, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199 (01) (b) Florida Statutes. I further certify that the information made available on this annual report or supplemented annual report is true and accurate and that my corporation shall have the same inspected and made under oath. That I am an officer or director of the corporation or the receiver or liquidator appointed to manage this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an officer or director with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

933 5775