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 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043348 (9)**

1. Corporation Name
TAGIAN PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
10084 NORTHWEST 6TH TER MIAMI FL 33172	10084 NORTHWEST 6TH TER MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 15625 SW 100 Terrace	26 15625 SW 100 Terrace
Suite, Apt. #, etc 22 Miami FL	Suite, Apt. #, etc 27 Miami FL
City & State 23 33196	City & State 28 33196
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0500908 ☐ 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. 199.042 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
APONTE, GIANCARLO 10084 NORTHWEST 6TH TER MIAMI FL 33172	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 (type or print name of registered agent as listed if applicable) (New Registered Agent signature required after reinstatement) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	71 TITLE	☐ Change ☐ Addition
NAME	GIANCARLO Aponte	72 NAME	
STREET ADDRESS	15625 S.W. 100 Terrace	73 STREET ADDRESS	
CITY ST ZIP	miami - fl. 33196	74 CITY ST ZIP	
TITLE	Vice-President	75 TITLE	☐ Change ☐ Addition
NAME	MADELYN Aponte	76 NAME	
STREET ADDRESS	15625 S.W. 100 Terrace	77 STREET ADDRESS	
CITY ST ZIP	miami - fl. 33196	78 CITY ST ZIP	
TITLE		79 TITLE	☐ Change ☐ Addition
NAME		80 NAME	
STREET ADDRESS		81 STREET ADDRESS	
CITY ST ZIP		82 CITY ST ZIP	
TITLE		83 TITLE	☐ Change ☐ Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY ST ZIP		86 CITY ST ZIP	
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY ST ZIP		90 CITY ST ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY ST ZIP		94 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. 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: Madelyn Aponte 1/10/95 (305)383-6842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0186600 CP