FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000001865 (1) **DOCUMENT #** Corporation Name TALLET INTERNATIONAL, INC. Principal Place of Business Mailing Address 1171 SW 18 STREET 1171 SW 18 STREET **BOCA RATON FL 33486 BOCA RATON FL 33486** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/05/1995 2. Principal Place of Business 2a. Maining Address 4. FEI Number 21 Applied For 26 65-0541A41 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zio Country Added to Fees $Z\phi$ Country This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSE, JEANNE P Street Address (P.O. Box Number is Not Acceptable) 999 SW 17TH ST **BOCA RATON FL 33486** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named curporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and short accurate, (NOTE: Registered Agent suprature required who area staring 12. DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) THILE D DELETE 1 1 111.4 TALLET, FIDEL ☐ Change ☐ Addition T 2 NAME STREET ADDRESS 1171 SW 18 STREET 1.3 STREET ADDRESS **BOCA RATON FL 33486** CITY - ST - ZIP 14 CHY - ST - ZIP THILE DELETE 2 1 117LE ☐ Change Addition NAME TALLET, MICHELLE R 2.2 NAME STREET ADDRESS 1171 SW 18 STREET 2.3 STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP 2.4 CITY - ST - Z.P TITLE DELFTE 3 1 TiTLE Change NAME Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-SE ZIP TITLE DELETE 4 1 TIFLE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST. ZIP THLE DELETE 5 1 THEF Change. NAME Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - S1 - ZIP TITLE DELF TE 6 1 TillE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET AUDRESS CHTY-ST-ZIP 14. Ide 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 cath; that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607. Florida Statutes, and that my name 64 CITY ST-ZIP

SIGNATURE:

MST Michelle R. Talker 4/22/96 407-350-6960