

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000012518 (3)

1. Corporation Name

TAM INTERNATIONAL, INC.



Principal Place of Business

1736 S.W. 19TH STREET, #303  
MIAMI FL 33145

Mailing Address

1736 S.W. 19TH STREET, #303  
MIAMI FL 33145

3. Date Incorporated or Qualified  
02/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11755 SW 18th STREET

26 11755 SW 18th STREET

4. FEI Number

65-0556284

Applied For

Not Applicable

22 Suite, Apt. #, etc.

# 107

27 Suite, Apt. #, etc.

107

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

MIAMI, FLORIDA

28 City & State

MIAMI, FLORIDA

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

24 Zip

33175

25 Country

U.S.A.

29 Zip

33175

30 Country

U.S.A.

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

ROA, JOSE A  
1736 S.W. 19TH STREET, #303  
MIAMI FL 33145

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

*Jose A. Roa*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/24/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ROA, JOSE A  
STREET ADDRESS 1736 S.W. 19TH STREET, #303  
CITY-ST-ZIP MIAMI FL 33145

1.1 TITLE PD  
1.2 NAME ROA JOSE A.  
1.3 STREET ADDRESS 11755 SW 18th STREET # 107  
1.4 CITY-ST-ZIP MIAMI, FL. 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 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:

*Jose A. Roa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (305) 225 7149

Date

Daytime Phone #

CR2E034 (12/95)