FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028531 (8)

TABU, INC.

FILED Feb 18 1997 8:00am Secretary of State



Principal Place of Business MENDOZA. CALLAS & SCHILLING 251 ROYAL PALM WAY 6TH FLOOR PALM BEACH FL 33480		Mailing Address	Mailing Address			(1201120 (1) 10101 01:11 26111 Anni dain dein dein nien mien nien ind.			
		251 ROYAL PALI	MENDOZA. CALLAS & SCHILLING 251 ROYAL PALM WAY 6TH FLOOR PALM BEACH FL 33480-4302						
US		US			•	3. Date Incorporated or Qualified 04/06/1995		te of Last ()5/1996	
	Place of Business	├── ┐ ~	28. Mailing Address			4. FEI Number 65-0573822		Applied For	
Suite, Ap	d # oto		Suite, Apt. #, etc.			¢0.75			
Julie, Ap	n w. 616	27				5. Certificate of Status Desired			Required
City & St	ate	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			to Fees
Zıp	Country	Zip	├	Country	y	6. This corporation has liability for			s. 199.032,
24	9. Name and Address of Cu	29	30			Florida Statutes 10. Name and Address of New Re	Yes .		
DE		LIBIT Vedistated Whatt		81	Name	To. Haile Bild Address of New York	distaint v	igent.	
	E MENDOZA, MARIO G III	non							
251 ROYAL PALM WAY, 6TH FLOOR PALM BEACH FL 33480				62	Street	Address (P.O. Box Number is Not Accepta	ble)		
1.7	ALIN DENOTTE COTO			83					
				84	City			85 Zip	Code
					<u> </u>		FL	1 '	
SIGNATURE	Signature typod or printed name of registered		(NOTE: Regis			corporation submits this statement for the poration's board of directors. I hereby access required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
TILE	PSD		ELETE	.1 TITLE				Change	Addition
NAME	DE MENDOZA, MARIO G II	1	1	2 NAME					
STREET ADDRESS		ih floor	1	.3 STREE	T ADDRESS				
CITY-ST-7IP	PALM BEACH FL			A CITY-	ST-ZIP				
TITLE	T	□ D	ELETE 2	1 TITLE		\		Change	Addition
NAME	ZIELINSKI, MERRILEE	11 CLOOD		2.2 NAME					
STREET ADDRESS		n FLOOK			t address				•
CITY-ST-ZIP	PALM BEACH FL AS	Tin		4 CITY -	ST-ZIP			Change	Addition
TITLE NAME	WILKINSON, DEBRA	□ ∪ ∪		3.1 TITLE 3.2 NAME				LI UIRIIYE	Lundon Lund
STREET ADORES	ART BOULL BALLE HILLY AT	H FLOOR			T ADDRESS				
CITY-ST-ZIP	PALM BEACH FL	-		3.4. CITY-					
TITLE		D		.1 TITLE	.= <u>(, ==</u>)			Change	Addition
NAME] .	4. 2 NAME					
STREET ADORES	s		J.	4.3 STREE	T ADDRESS	,			
CITY-S1-ZIP				.4 CITY-	ST-ZIP			·	
THILE		[0	1	5 1 TITLE				☐ Change	Addition
NAME				5.2 NAME					
STREET ADDRES	S				T ADDRESS				
CITY-ST-ZIP				5.4 CITY-			······································	T (******	Addition
THILE		LJ ⁽		5.1 TITLE				☐ Change	Addition
NAME STREET ARREST	6		- 3	5.2 NAME					
STREET ADDRES	8				T ADORESS				
CITY - ST - ZIP				5.4 CITY -	ST-ZIP	I			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 is printed, or on an attachment with an address.

SIGNATURE:

10 C. de Mendoza, III 2/10/97

561/659-1111

ime Phone #