

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000028748 (8)**

1. Corporation Name  
**TARIO, INC.**



Principal Place of Business: **790 NW 1ST STREET DANIA FL 33004**  
Mailing Address: **790 NW 1ST STREET DANIA FL 33004**

3. Date Incorporated or Qualified <b>04/07/1995</b>	3a. Date of Last Report
4. FEI Number <b>05-0567779</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**ALBAZIAN, RIDA  
790 NW 1ST STREET  
DANIA FL 33004**

10. Name and Address of New Registered Agent

81 Name <b>ABDUL AL-QADER-ISMAIL</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>790 N.W. 1ST ST.</b>		
83		
84 City <b>DANIA</b>	85 State <b>FL</b>	86 Zip Code <b>33004</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.05, Florida Statutes.

SIGNATURE: **ABDUL AL-QADER-ISMAIL** DATE: **1-18-96**

12. OFFICERS AND DIRECTORS

1. NAME	<b>ALBAZIAN, RIDA</b>	<input type="checkbox"/> DELETE
2. STREET ADDRESS	<b>790 NW 1ST STREET</b>	
3. CITY-STATE-ZIP	<b>DANIA FL 33004</b>	
4. TITLE		<input type="checkbox"/> DELETE
5. NAME		
6. STREET ADDRESS		
7. CITY-STATE-ZIP		
8. TITLE		<input type="checkbox"/> DELETE
9. NAME		
10. STREET ADDRESS		
11. CITY-STATE-ZIP		
12. TITLE		<input type="checkbox"/> DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY-STATE-ZIP		
16. TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>PO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>ABDUL AL-QADER-ISMAIL</b>	
3. STREET ADDRESS	<b>790 N.W. 1ST ST.</b>	
4. CITY-STATE-ZIP	<b>DANIA, FL 33004</b>	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ABDUL AL-QADER-ISMAIL** DATE: **1-18-96 (951) 927-0774**

CR2E034 (12/95)