

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90122 001 ***150.00

DOCUMENT # *P 95000029797 SK*
 Corporation Name
TAITAO CORPORATION

Principal Place of Business Mailing Address
C/O Leticia Goodier *C/O Leticia Goodier*
11480 SW 98 St *11480 SW 98 St*
MIAMI FL 33176 *MIAMI FL 33176*

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
4/10/1995
 4. FEI Number
65-0577136
 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
Goodier Leticia
11480 SW 98 St
MIAMI FL 33176

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13.
<input type="checkbox"/> DELETE	<i>D. Goodier Leticia</i>	1.1 TITLE
<input type="checkbox"/> DELETE	<i>11480 SW 98 St</i>	1.2 NAME
<input type="checkbox"/> DELETE	<i>MIAMI FL 33176</i>	1.3 STREET ADDRESS
<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		2.1 TITLE
<input type="checkbox"/> DELETE		2.2 NAME
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		3.1 TITLE
<input type="checkbox"/> DELETE		3.2 NAME
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE
<input type="checkbox"/> DELETE		4.2 NAME
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE
<input type="checkbox"/> DELETE		5.2 NAME
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE
<input type="checkbox"/> DELETE		6.2 NAME
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leticia Goodier* Date: *March 25/99*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)