

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P950000 43065

1. Corporation Name

T.A. & E.P.S., INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 5313 COLLINS AV.

Suite, Apt. #, etc.

22 201

City & State

23 Miami Beach, FL

Zip

24 33140

Country

25 U.S.A.

2a. Mailing Address

26 5313 COLLINS AV.

Suite, Apt. #, etc.

27 201

City & State

28 Miami Beach, FL

Zip

29 33140

Country

30 U.S.A.

3. Date Incorporated or Qualified

06/02/95

3a. Date of Last Report

4. FEI Number

65-0585325

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 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

81 Name

RAMIRO G. MONTANO

82 Street Address (P.O. Box Number is Not Acceptable)

5313 COLLINS AV.

83

No. 201

84

City Miami Beach

FL

85 Zip Code

33140

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

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

NOTE: Registered Agent signature required when reinstating

DATE

8/6/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

7.1 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

8.1 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

9.1 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

10.1 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

11.1 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

12.1 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

13.1 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

14.1 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

15.1 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

16.1 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

17.1 TITLE 172 NAME 173 STREET ADDRESS 174 CITY-ST-ZIP

18.1 TITLE 182 NAME 183 STREET ADDRESS 184 CITY-ST-ZIP

19.1 TITLE 192 NAME 193 STREET ADDRESS 194 CITY-ST-ZIP

20.1 TITLE 202 NAME 203 STREET ADDRESS 204 CITY-ST-ZIP

21.1 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP

22.1 TITLE 222 NAME 223 STREET ADDRESS 224 CITY-ST-ZIP

23.1 TITLE 232 NAME 233 STREET ADDRESS 234 CITY-ST-ZIP

24.1 TITLE 242 NAME 243 STREET ADDRESS 244 CITY-ST-ZIP

25.1 TITLE 252 NAME 253 STREET ADDRESS 254 CITY-ST-ZIP

26.1 TITLE 262 NAME 263 STREET ADDRESS 264 CITY-ST-ZIP

27.1 TITLE 272 NAME 273 STREET ADDRESS 274 CITY-ST-ZIP

28.1 TITLE 282 NAME 283 STREET ADDRESS 284 CITY-ST-ZIP

29.1 TITLE 292 NAME 293 STREET ADDRESS 294 CITY-ST-ZIP

30.1 TITLE 302 NAME 303 STREET ADDRESS 304 CITY-ST-ZIP

31.1 TITLE 312 NAME 313 STREET ADDRESS 314 CITY-ST-ZIP

32.1 TITLE 322 NAME 323 STREET ADDRESS 324 CITY-ST-ZIP

33.1 TITLE 332 NAME 333 STREET ADDRESS 334 CITY-ST-ZIP

200001943052
-09/10/96--00046--00046
****225.00 ****225.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMIRO G. MONTANO

8/6/96

(305) 8611164

Date

Daytime Phone