## 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

## DOCUMENT # P95000045513

TARAFUND, INC.

Data da al Disea of Business

Mailing Address

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90089 035 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
20803 BISCAYN	ie Blvd . Ste. 200	270 SOUTH HIBISCUS	DRIVE					i
AVENTURA FL 33180		MIAMI BEACH FL 33139			DO NOT WRITE IN	TUIC CDACE		
	•	US				THIS SPACE		
		. <b>ب</b>			3. Date Incorporated or Qualifed	، عمد .		
· 5	ده کاری در میشود در میشود این در میشود این در		· · · · <del></del>		05/30/1995			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		plied For	
21		26			65-0583739		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	-	
22		27			J. Gertilicate di Status Desires	Fee Re	quired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zíp	Cou	untry	8. This corporation owes the current ye	ear Intangible		
24	25	29	30		Personal Property Tax.			
	9. Name and Address of Curre			1	10. Name and Address of New Regist	ered Agent		
				81 Name	- Mariantan			
MAL	inski, normn							
20803 BISCAYNE BLVD., STE. 200				82 Street A	et Address (P.O. Box Number is Not Acceptable)			
AVENTURA FL 33180				83	·			
,,,,,						•		
				84 City		85 Zip (	Code	
						FL S ES	i	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the a	above-named co	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its	registered distered	
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505	, Florida Stat	tutes.	addits posit of directors. Frioropy doops are	аррожитель ас то	9.0	
_	-							
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable.	NOTE: Registered	d Agent signature req	quired when reinstating) DA	TE		á
12.		ent and title if applicable.  ND DIRECTORS	NOTE: Registered		ulred when reinstating)  ADDITIONS/CHANGES TO OFFICER		PRS IN 12	(80)
			13.				PRS IN 12	(41/08)
12.	OFFICERS A	ND DIRECTORS	13.	ITLE .		RS AND DIRECTO		24 (44/08)
12. TITLE NAME	OFFICERS AI D TARACIDO, MANUEL E	ND DIRECTORS	13. Ε 1.1 π 1.2 N	ITLE IAME		RS AND DIRECTO		E024 (44/08)
12. TITLE NAME STREET ADDRESS	OFFICERS AI D TARACIDO, MANUEL E 270 S. HIBISCUS DRIVE	ND DIRECTORS	13. E 1.1 TI 1.2 NJ 1.3 S	ITLE IAME TREET ADORESS		RS AND DIRECTO		00E024 (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI D TARACIDO, MANUEL E	ND DIRECTORS  DELET	13. E 1.1 TI 1.2 N 1.3 S 1.4 C	ITLE IAME TREET ADDRESS STY-ST-ZIP		RS AND DIRECTO		CD2E034 (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AI D TARACIDO, MANUEL E 270 S. HIBISCUS DRIVE	ND DIRECTORS	13. E 1.1 TI 1.2 N 1.3 S 1.4 C E 2.1 TI	ITLE  AME  TREET ADDRESS  ATY-ST-ZIP  TILE		RS AND DIRECTO	☐ Addition	, CD2E034 (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI D TARACIDO, MANUEL E 270 S. HIBISCUS DRIVE	ND DIRECTORS  DELET	E 1.1 TI 1.2 N 1.3 S 1.4 C E 2.1 TI	ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE		RS AND DIRECTO	☐ Addition	( CDOECGA (41/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AI D TARACIDO, MANUEL E 270 S. HIBISCUS DRIVE	ND DIRECTORS  DELET	13. E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S	ITLE IAME ITREET ADDRESS ITTY-ST-ZIP ITTLE IAME ITTREET ADDRESS		RS AND DIRECTO	☐ Addition	, CDOECGA (41/08)
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AI D TARACIDO, MANUEL E 270 S. HIBISCUS DRIVE	ND DIRECTORS ☐ DELET ☐ DELET	E 1.1 TI 12 N 13 S 14 C E 2.1 TI 22 N 2.3 S 2.4 C E 3.1 TI 32 N 3.3 S 3.4 C	ITLE  IAME  ITREET ADDRESS  ITTLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITREET ADDRESS  CITY-ST-ZIP		RS AND DIRECTO	Addition	(41,08)
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12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI D TARACIDO, MANUEL E 270 S. HIBISCUS DRIVE	ND DIRECTORS  DELET	E 1.1 TI 1.2 N 1.3 S 1.4 C E 2.1 TI 2.2 N 2.3 S 2.4 C E 3.1 TI 3.2 N 3.3 S 3.4 C E 4.1 TI 4.2 N 4.3 S	TITLE  TREET ADDRESS  SITY-ST-ZIP  TITLE  TAME		RS AND DIRECTO	Addition Addition Addition	( CDOECO34 (41/08)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AI D TARACIDO, MANUEL E 270 S. HIBISCUS DRIVE	ND DIRECTORS  DELET  DELET	E 1.1 TI 12 N 13 S 14 C 2 1 TI 22 N 23 S 2.4 C E 3.1 TI 32 N 3.3 S 3.4 C E 4.1 TI 4.2 N 4.3 S 4.4 C	ITLE  IAME  ITREET ADDRESS  ITTY-ST-ZIP  ITTLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP		RS AND DIRECTO	Addition Addition Addition	( CD2E034 (41,08)
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14. 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 requiremental report of the corporation or the requiremental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of the part of the corporation of t

SIGNATURE:

MANUELE TARACIDO DILECTOR

BIGHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/8/99 305 672 30 80