

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

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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000050105 (2)

1. Corporation Name
TALA HOMES, INC.

Principal Place of Business C/O NICOLAS FERNANDEZ P.A. GALBES INT. PLZ 2655 LE JEUNE ROAD, PENTHOUSE 1-D CORAL GABLES FL 33134	Mailing Address C/O NICOLAS FERNANDEZ P.A. GALBES INT. PLZ 2655 LE JEUNE ROAD, PENTHOUSE 1-D CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O Marquez & Fernandez, PA Suite, Apt. #, etc. 22 # 548 City & State 23 Miami, FL Zip 24 33126		2a. Mailing Address 26 782 NW Le Jeune Road Suite, Apt. #, etc. 27 # 548 City & State 28 Miami, FL Zip 29 33126		3. Date Incorporated or Qualified 06/26/1995	
				4. FEI Number 59-3327067	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES INC., 2655 LEJEUNE ROAD, PH-1D CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Juan C. Menendez 82 Street Address (P.O. Box Number is Not Acceptable) 9582 SW 40 Street 83 Office # 3 84 City Miami FL 85 Zip Code 33165	
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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 of principal office, 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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MENENDEZ, JUAN C	1.2 NAME	
STREET ADDRESS	10291 SW 33RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	FEITO, RAYMOND	2.2 NAME	
STREET ADDRESS	4090 LAGUNA STREET, SUITE C	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HAJJAR, MOHAMED	3.2 NAME	
STREET ADDRESS	2355 SALZEDO STREET, SUITE 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 change is made on an attachment with an address.

SIGNATURE

JUAN C. MENENDEZ 305-226-7226 11/29/98

CR2E034 (10/97)