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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90289 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000050105

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

59-3327067

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 ☒

2. Principal Place of Business
C/O Nicolas Fernandez, P.A.

2a. Mailing Address
780 NW LeJeune Rd

Suite, Apt. #, etc.
780 NW LeJeune Rd Ste 327 Suite 324

City & State
Miami, Florida

Zip
33126

Country
USA

Zip
33126

Country
USA

9. Name and Address of Current Registered Agent

MENEDEZ, JUAN C
9582 SW 40TH STREET
OFFICE #3
MIAMI FL 33165

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

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

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
MENEDEZ, JUAN C
STREET ADDRESS
10291 SW 33RD STREET
CITY-ST-ZIP
MIAMI FL 33165

DELETE

TITLE
D
NAME
FEITO, RAYMOND
STREET ADDRESS
4090 LAGUNA STREET, SUITE C
CITY-ST-ZIP
CORAL GABLES FL 33134

DELETE

TITLE
D
NAME
HAJJAR, MOHAMED
STREET ADDRESS
2355 SALZEDO STREET, SUITE 202
CITY-ST-ZIP
CORAL GABLES FL 33134

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
DP
1.2 NAME
Menendez, Juan C
1.3 STREET ADDRESS
10291 SW 33rd Street
1.4 CITY-ST-ZIP
Miami, Florida 33165

Change ☒ Addition ☐

2.1 TITLE
DS
2.2 NAME
Feito, Raymond
2.3 STREET ADDRESS
4090 Laguna Street, Suite C
2.4 CITY-ST-ZIP
Miami, Florida 33134

Change ☒ Addition ☐

3.1 TITLE
DT
3.2 NAME
Hajjar, Mohamed
3.3 STREET ADDRESS
2355 Salzedo Street, Suite 202
3.4 CITY-ST-ZIP
Coral Gables, Fl 33134

Change ☒ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change ☐ Addition ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE Juan C Menendez D.P.

4-15-99

Date

(305) 226-6726

Daytime Phone #

CR2E034 (11/98)