SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
96 OCT 18 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053219 (8)

1. Corporation Name

TACORONTE, INC.

Principal Place of Business

11224 S.W. 117TH CT.
MIAMI FL 33186

Mailing Address

11224 S.W. 117TH CT.
MIAMI FL 33186

2. Principal Place of Business — 21; Suite, Apt #, etc — 22; City & State — 23; Zip — 24; Country — 25

2a. Mailing Address — 26; Suite, Apt #, etc — 27; City & State — 28; Zip — 29; Country — 30

3. Date Incorporated or Qualified: **07/11/1995**

3a. Date of Last Report

4. FEI Number: 65-0598025 [ ] 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 [X] No

9. **Name and Address of Current Registered Agent**

HERNANDEZ, JULIAN A
11224 S.W. 117TH CT.
MIAMI FL 33186

10. **Name and Address of New Registered Agent**

81 Name: JULIAN A. HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 11224 SW, 117 CT.
83
84 City: MIAMI FL 85 Zip Code: 33186

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	PD	[ ] DELETE
NAME	HERNANDEZ, JULIAN A	
STREET ADDRESS	11224 S.W. 117TH CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	[ ] DELETE
NAME	BRITO, VIRGILIO	
STREET ADDRESS	5700 S.W. 127TH AVE.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	[X] DELETE
NAME	HERNANDEZ, ISMAEL	
STREET ADDRESS	11244 SW 117TH CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS	500001984495--5	
2 CITY-ST-ZIP	-10/23/96--01091--001	
3 TITLE	****225.00 ****225.00	[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: / JULIAN HERNANDEZ 10/11/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)