

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000055822 (7)

1. Corporation Name

TALLER ELIAS U.S.A. INC.



Principal Place of Business

5445 COLLINS AVE.
APT. 609
MIAMI BEACH FL 33140

Mailing Address

5445 COLLINS AVE.
APT. 609
MIAMI BEACH FL 33140

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MEDINA, RAFAEL B DR.
5445 COLLINS AVE.
UNIT CU-17
MIAMI BEACH FL 33140

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/19/1995

3a. Date of Last Report
None

4. FEI Number

65-0607290

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

10. Name and Address of New Registered Agent

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 must appear below)

(Date) (Registered Agent Signature Required when Applicable)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME BALLISTRERI, ELIAS
3. STREET ADDRESS 5445 COLLINS AVE., #609
4. CITY-STATE-ZIP MIAMI BEACH FL 33140
☐ DELETE

1. TITLE STD
2. NAME VILANOVA, TERESA
3. STREET ADDRESS 5445 COLLINS AVE., #609
4. CITY-STATE-ZIP MIAMI BEACH FL 33140
☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP
☐ Change ☐ Addition

1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP
☐ Change ☐ Addition

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2. 2. NAME
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3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP
☐ Change ☐ Addition

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:

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04/03/96

861-1269

CR2E034 (12/95)