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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000086917 (8)

1. Corporation Name
TA SUPERSTORES, INC.

Principal Place of Business

TWO SOUTH BISCAYNE BLVD.
SUITE 3400 - ONE BISCAYNE TOWER
MIAMI FL 33131-1897

Mailing Address

TWO SOUTH BISCAYNE BLVD.
SUITE 3400 - ONE BISCAYNE TOWER
MIAMI FL 33131-1897



3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2751 N.W. 82 Ave.
Suite, Apt. #, etc.

2a. Mailing Address

26 30 S.W. 8 St.
Suite, Apt. #, etc.

4. FEI Number
65-0620892

Applied For
Not Applicable

22 #112
City & State

27 #2800
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Miami, FL 33122

28 Miami, FL 33130

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
SUITE 3400, ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131-1897

81 Name EDUARDO A. FERRAZ

82 Street Address (P.O. Box Number is Not Acceptable)
80 SW 8th St. #2800

83

84 City MIAMI

FL 85 Zip Code 33130

11. Pursuant to the provisions of Sections 607.05(2) 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 fully aware of, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person or entity authorized to act as registered agent is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D/P
MEISLER, LUIZ
TWO SOUTH BISCAYNE BLVD. #3400
MIAMI FL 33131

D/P
HUMBERG, PAULO G
TWO SOUTH BISCAYNE BLVD. #3400
MIAMI FL 33131

D/S
FERRAZ, EDUARDO
TWO SOUTH BISCAYNE BLVD. #3400
MIAMI FL 33131

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. I do 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.

SIGNATURE:

(Signature of officer or director)

EDUARDO A. FERRAZ

12-10-97

(805) 5362600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (9/96)