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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000094675 (2)

TARICHE-VALDERRAMA, INC.

Principal	Place of	Business
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Mailing Address

19060 CW 100DD TEDDACE

FILED May 02 1997 8:00am Secretary of State



MIAMI FL 3319	6			MIAMI FL 33186-2309	VL									
						3	12/11/1995 08/13/				of Last Report /1996			
2. Principal Pl	ace of Business	s	28	. Mailing Address	,			4	. F	El Number		L	Apr	lied For
21			26							65-0637030			Not	Applicable
Suite, Apt. i	#, etc.		27	Suite, Apt. #, etc.				5	5. (Certificate of Status Desired			75 A	ditional uired
City & State)		28	City & State				6		lection Campaign Financing rust Fund Contribution			.00 to	lay Be Fees
Zip 24	25	Country	29	Z _I p	30	untry	,	8		his corporation has liability for lorida Statutes	intangible Yes		der s.	199.032,
	9. Name an	d Address of Current	Regi	stered Agent		l		10	0. t	Name and Address of New Re	gistered A	gent		
1296	DERRAMA, CO 80 SW 103RD MIFL 33186					81 82	Name Street A	ddress	(P.C	D. Box Number is Not Accepta	ole)	·		···
WHAT W	m, 1 E 00 100					83								
						84	City				FL	85	Zip C	ode
office or re	egistered agent	t, or both, in the State o	of Flor	607.1508, Florida Statu rida Such change was of, Section 607.0505, Fl	authorize	ed by	the corpo	corporat oration's	tion s bo	submits this statement for the ard of directors. I hereby acce	purpose of pt the appo	chang ointme	ing its nt as r	registered egistered
SIGNATURE	Signature, typed or p	ninted name of registered agen	and M	tle if applicable (NO	II Rogistere	ed Age	ent signature n	equired wf	nen re	pinstating)	DATE			
12.		OFFICERS AND	DIRE		13.				ΑĽ	DITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	D			☐ DELETE	1.13	ITLE						☐ Cha	ange	Addition
NAME	VALDERRAI	MA, CONCEPCION			1. 2 N	IAME								
STREET ADDRESS		103RD TERRACE			1. 3 S	TREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL 3	3186		The state of			ST-21P					T 1 AL		TT case
TITLE				☐ DELETE	2.1 T							Cha	ange	Addition
NAME					2 \$ N									
STREET ADDRESS							ADDRESS				-			
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							ADDRESS							
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NAME				—		NAME	I							
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP							S1-21P							
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NAME						NAME							٠	
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CITY-ST-ZIP							S1 - ZIP							
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i i							S1-ZIP							
CITY-ST-ZIP					■ DAI	J117-3	31-ZIF		_		1.4			

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 angual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name neglt with an address.