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

DOCUMENT # P95000096245 (2)

1. Corporation Name

TAMARA INDUSTRIES, INC.

Principal Place of Business	Mailing Address
1910 BIARRITZ DRIVE MIAMI BEACH FL 33141	1910 BIARRITZ DRIVE MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 12/18/1995
3a. Date of Last Report:

4. FEI Number: 65-0644212 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2020 NE 135TH STREET	26 2020 NE 135TH STREET
Suite, Apt #, etc: 22 #611-2	Suite, Apt #, etc: 27 # 611-2
City & State: 23 NORTH MIAMI, FLORIDA	City & State: 28 NORTH MIAMI, FLORIDA
Zip: 24 33181 Country: 25 DADE	Zip: 29 33181 Country: 30 DADE

9. Name and Address of Current Registered Agent

GLOWACKA, TAMARA
1910 BIARRITZ DRIVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: GLOWACKA, TAMARA
82 Street Address (P.O. Box Number is Not Acceptable): 2020 NE 135TH STREET, # 611-2
83
84 City: NORTH MIAMI FL 85 Zip Code: 33181

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 — Same — Tamara Glowacka 7/31/96
Signature, typed or printed name of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TAMARA GLOWACKA	
STREET ADDRESS	2020 NE 135TH STREET, # 611-2	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	VP	☐ DELETE
NAME	JOAQUIN LEYVA	
STREET ADDRESS	2020 NE 135TH STREET, # 611-2	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/31/96 (305) 919-9793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #