

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000096245 (2)

1. Corporation Name

TAMARA INDUSTRIES, INC.

FILED
Sep 30 1998 8:00am
Secretary of State



Principal Place of Business

2020 N.E. 135TH STREET
STE. 611-2
NORTH MIAMI FL 33181
US

Mailing Address

2020 N.E. 135TH STREET
STE. 661-2
NORTH MIAMI FL 33181
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1995

4. FEI Number

65-0644212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

GLOWACKA, TAMARA
2020 N.E. 135TH STREET
STE. 611-2
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	<input type="checkbox"/> DELETE
NAME	GLOWACKA, TAMARA	
STREET ADDRESS	2020 N.E. 135TH STREET, #611-2	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEIVA, JOAQUIN	
STREET ADDRESS	2020 N.E. 135TH STREET, #611-2	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000002653860

-10/02/98--01005--008

***150.00

14. I 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.

CR2E034 (5/98)

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TAMARA INDUSTRIES, INC
2020 NE 135 ST, SUITE 611-2
NORTH MIAMI, FL 33181-2189

September 11, 1998

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
POBOX 1500
TALLAHASSEE, FL 32302-1500

Subject: ADDRESS CORRECTION FOR ANNUAL REPORT

Dear Sir/Madam,

Over the past few years we've never received our notice of payment on time because your office was sending it to the wrong address. Last year we sent you a letter giving you the correct address. In June of this year I called your office to enquire as to why I had not received my notice and was told I should wait. And again this year your office sent the notice to the wrong address.

I feel I have done all I can to rectify the problem and that I should not be penalized. I am enclosing copies of the letters I sent you with the correct address. I ask that you reconsider the penalty imposed since your office is not correcting the problem. My correct address is:

TAMARA INDUSTRIES, INC.
2020 NE 135 STREET, # 611-2
NORTH MIAMI, FL 33181-2189

I am enclosing a check in the amount of \$150.00 to cover the annual corporate fee.

Sincerely,
Tamara Glowacka
Tamara Glowacka

Attachments: address copy from 1997 and 1998