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

PROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P96000001086 (3)

TARA MARKETING, TRADE AND DISTRIBUTION CO., INC.

Principal Place of Business Mailing Address						I SOOMBOLING INDIA KIND QQUU DQUU	MAIN DEUN MÜN		N IBIU BIU HUU	
222 LAKEVIEW AVENUE STE 260 WEST PALM BEACH FL 33401		STE 260	222 LAKEVIEW AVENUE STE 260 WEST PALM BEACH FL 33401							
						3. Date Incorporated or Qualified 12/27/1995	3a. Dat	e of Last	Report	
2. Principal Place of Business		2a. Mai'ing Address	2a. Mai'ing Address			4. FEI Number		- X	Applied For	
21		26							Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	27			5. Certificate of Status Desired		*	5 Additional e Required	
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
Žip	Country	Zip	ļ <u>-</u>	Country		8. This corporation has liability for	· .*	ax under :	s 199.032,	
24	D. Nome and Address of Com	29 30 30 dress of Current Registered Agent				Florida Statutes Yes No				
	5. Name and Address or Cur	ent Registered Agent		11 1	 Name	10. Name and Address of New F	registered	Agent		
VOEDOC!	IOEL D		ľ	Ή.	INDITIE					
Koeppel 222 lake	., JUEL P EVIEW AVENUE		8	2	Street Addres	s (P.O. Box Number is Not Acceptal	ole)			
STE 260			83							
WEST PA	LM BEACH FL 33401		8	4 (City		FL	8 5 Z	Zip Code	
or registere	o the provisions of Sections 607.09 ed agent, or both, in the State of Fi h, and accept the obligations of, S	orida. Such change was auth	iorized by the co	nar rpora	med corporate ation's board	on submits this statement for the pu of directors. Thereby accept the app	mose of ch	anging its registere	registered office ad agent I am	
SIGNATURE	Squature typed or ported name of eigetonical	erta ditentappi ace	(Bi)TE Bajabigta;	⊁a¹s;	grature regime La	Service (College)	DAT:			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
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CITY-ST-ZIP			5.4 CHY					_	3 / I	
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STREET ADDRESS			63 STRE	Ει Α()	DRESS)			
CHTY-ST-ZIP			6.4 CiTY	ST - 7	7 _I P	•	~ }	2		
14. I do hereby certify that	certify that the information supplied the information indicated on this ar	d with this filing is voluntarily inual report or supplemental	furnished and do annual report is t	es n	ot qualify for t and accurate	the exemption stated in Section 119 and that my signature shall have the	.07(3)(k), Flo sant legal	rida State effect as	utes. I further if made under	

appears in Block 12 or Block

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR