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).

Mailing Address

800 PARKVIEW DR STE 101

HALLANDALE FL 33009

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013023 (2)

TAROT, INC.

Principal Place of Business

800 PARKVIEW DR STE 101

HALLANDALE FL 33009

3. Date Incorporated or Qualified 02/12/1996 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For Not Applicable 26 65-0640414 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIVAS, LILIA 800 PARKVIEW DR STE 101 Street Address (P.O. Box Number Is Not Acceptable) HALLANDALE FL 33300-9 83 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE 1.1 TITLE __ DELETE Change Addition RIVAS, LILIA NAME 1.2 NAME 800 PARKVIEW DR STE 101 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33300-9 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change TITLE DELETE Addition RIVAS, ARTURO 2.2 NAME NAME 800 PARKVIEW DR STE 101 2.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33300-9 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change ____ Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

AVAID QUE QUIRT

09/26/98

(305)6828166

FILED

Oct 01 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)