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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000028071 (4)

TAU SYSTEMS, INC.

Lara an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

**FILED** Feb 24 1997 8:00am Secretary of State

Principal Place of Business	Place of Business Mailing Address		E thuilimit ain oneile Mitel Abitt mutt anete anien sindt idete anter sadet beitr ebut		
1110 BRICKELL AVENUE 7TH FLOOR MIAMI FL 33131	1110 BRICKELL AVENUE 71 MIAMI FL 33131-3132	1110 BRICKELL AVENUE 7TH FLOOR MIAMI FL 33131-3132			
			Date Incorporated or Qualified 04/01/1996	d 3a. Date of Last Report	
2. Principal Nace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 1110 BRICKELL AW	2. 26 1110 BRi	CKELL AVE	165-0669063	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 7 TH FLOOR		LOOR		Fee Required	
City & State  23 MIAM; FL	City & State  28 MiAMi	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33131 25 USA		Country 30 USA	Florida Statutos	or intangible tax under s. 199.032,  Yes  No	
9. Name and Address of Cur	rent Registered Agent	10 DN	), 10. Name and Address of New	Registered Agent	
GOULD, RONALD	000	81 Name V	OSTON, KOROWA	a) DAVID WRIGHT	
1110 BRICKELL AVENUE 7TH FLO	JUK	82 Street Addr	ess (P.O. Box Number is Not Accep	table)	
MIAMI FL 33131		83 / / ,	0.00	ALLO STAR SOL	
			O BRICKELL	AUR TIP PLOOK.	
		84 City Mi	N4A'a	85 Zip Code	
44 Parament Is the recent tone of Castonia 607	neno di dienzi tene Clorido Siglia.	or the above associated	exertion culomits thus statement for th	FL   33131	
11. Pursuant to the provisions of Sections 6073 office or registered grant or bolk, in the Stagent Tam fam or with, and a feet the of	rate ovi ligida. Such change was a	uthorized by the corporati	ion's board of directors. I hereby acc	cept the appointment as registered	
agent I am fam wowth, and of sept the of	eatilins of Section 607.0505, Flo	rida Statutes.	CUT (DATO)	N2-N2-97	
SIGNATURI Signaline, typical or printed name of region 5	J.	Begistered Agent signature require	SOMI (FOID)	DATE	
L	AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12	
nite   PSTD	DELETE		RECTOR	Change Addition	
NAME WRIGHT, DAVID	<del></del>	1.2 NAME	DIGHT, TERENCE		
STREET ADDRESS 1110 BRICKELL AVENUE 7	TH FLOOR	1.3 STREET ADDRESS	DIGHT, TERENCE WRIMARE, CALLE	'f' has montes	
City-St 2if MIAMI FL 33131			GRACAS -VENERUE		
TITLE	DELETE	2.1 TiTLE	¥	Change Addition	
NAME		2.2 NAME			
STREET ADORESS		2.3 STREET ADDRESS			
CHY: ST Z0		2 4 CITY - ST - ZIP			
TITLE	DELETE	3.1 TITLE		Change Addition	
NAME		32 NAME			
STREET ADORESS		33 STREET ADDRESS			
CITY- 5.1 - 20°		3.4. CITY - ST - ZIP			
1:01	DELETE	41 TITLE		Change Addition	
NAME		4 2 NAME			
STREET ADORESS		4.3 STREET ADDRESS			
CHY-SI-762		4.4 CITY-ST-ZIP			
1.flF	DELETE	5 1 TITLE		Change Addition	
NAMI		5.2 NAME			
STREET ADORESS		5.3 STREET ADDRESS			
00Y-S1-72		5.4 CITY-ST-ZIP	····		
FILE	DELETE	6 1 TITLE		Change Addition	
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
City S1-ZiP		6 4 CITY-ST-ZIP			
14. I do hereby cert by that the information sup- information inclicated on this annual report	plied with this filing does not qualifi or supplemental angual report is to	y for the exemption stated	t in Section 119.07(3)(i), Florida Stati	utes. I further certify that the	
I am an officer or director of the corporatio	n or the receiver or trustee enipow	ered to execute this repor	t as required by Chapter 607, Florid	a Statutes; and that my name	

DAVID WRIGHT