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PROFIT CORPORATION ANNUAL REPORT

1998

Resident State of Sta



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000033304 (2)

TANA ENTERPRISES, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 9010 SW 19TH STREET 9010 SW 19TH STREET **SUITE 102B** SUITE 102B DO NOT WRITE IN THIS SPACE MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 04/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9010 S.W. 19 STREET 90105.W. 19 STREET 65-0661846 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired NA Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FL MIAMI Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible US 33165 25 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SANTIAGO, VIRGINIA G 6356 MANOR LANE Street Address (P.O. Box Number is Not Acceptable) SUITE 102B 83 SOUTH MIAMI FL 33143 84 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE SANTIAGO, VIRGINIA G NAME 1.2 NAME **9**010 SW 19TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL CITY-ST-7IP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition GARCIA, VICTORIA NAME MENDARO, VICTORIA G 2.2 NAME 830 CREMONA AVENUE STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZiP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 suppliemental 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.

SIGNATURE:

antingo

4/20/98

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