**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000042035

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

21

TANUS TOTAL DESIGN CORPORATION

Principal Place of Business, Maying Aguicas Kanoal in maying Aguicas Ka 33/57 -1549

2a. Mailing Address

Suite, Apt. #, etc.

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90304 006 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

05/16/1996 4. FEI Number

65-0666300

5. Certificate of Status Desired

		1-1					
City & Stat	е		City & State				6. Election Campaign Financing \$5.00 May Be
23		28	<del></del>				Trust Fund Contribution Added to Fees
Zip	Country	<u> </u>	Zip '	_	intry		8. This corporation owes the current year Intangible
24	25	29		30	,		Personal Property Tax.
	9. Name and Address of Curre	nt Registe	red Agent				10. Name and Address of New Registered Agent
VALI	DES DOLANDO				81	Name	
VALDES, ROLANDO <del>-9491-SW 4TH ST., #911-</del>					82	Street /	Address (P.O. Box Number is Not Acceptable)
IVILA	WIFL 33114- 33/36 - 0	77			83		
					84	City	85 Zip Code
						City	FL   Source   FL   FL   FL   FL   FL   FL   FL   F
11. Pursuant	to the provisions of Sections 607.05	02 and 607	7.1508, Florida Statute	es, the a	bove	-named	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida.	. Such change was aเ	uthorized	1 by t	he corpo	oration's board of directors. I hereby accept the appointment as registered
•	m lammar with, and accept the oblig	460+13 OI, O	,0000,1100	.ca olai	-140.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if a	applicable. (NOTE:	Registered	Agent	signature re	equired when reinstating) DATE
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		☐ DELETE	1.1 TI	TLE		Change ☐ Addition
NAME	VALDES, ROLANDO			1.2 N	AME		
STREET ADDRESS	9431 SW 4TH ST., #311			1.3 \$	REET.	ADDRESS .	LGOK N. KENDALL DK. APT. # FJOG
CITY-ST-ZIP	MIAMI FL 33174				TY-ST	ł	MIAMI FL. 33156-1549
TITLE	DS		☐ DELETE	2.1 TI			LGOK N.KERKONKL Dr. APT.4 F. 30( MIAMI PL 33156-1549
NAME	TANUS, MERCEDES C			2.2 N			
	9431 SW 4TH ST., #311					ADDRESS	6904 N. KONDALL Dr. APT F 306
STREET ADDRESS	MIAMI-FL 33174 -						6904 N. KONDALL DR. APT = 506  MIDMI FC. 39156-1549  Change Addition
CITY-ST-ZIP TITLE	111174111 1 C 00 17 1		☐ DELETE	3.1 TI	1TY-\$1	-ZIP.	Change Addition
			- Deterie	1		,	,
NAME				3.2 N			
_ȘȚREET ADDRESS	<u>+</u>					ADDRESS	
CITY-ST-ZIP			O DELETE		ITY-ST	-ZIP	€ Change
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NAME				4, 2 N			
STREET ADDRESS				4.3 \$	REET	ADDRESS	
CITY-ST-ZIP					TY-ST	-ZIP	
TITLE			☐ DELETE	5.1 TI		ĺ	☐ Change ☐ Addition
NAME				5.2 N			•
STREET ADDRESS				5.3 S1	REET	ADDRESS	
CITY-ST-ZIP					TY-ST	-ZIP	
TITLE			☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME				6.2 N	AME	]	
STREET ADDRESS				6.3 S	REET.	ADORESS	
CITY-ST-ZIP				6.4 CI	TY-ST	-ZIP	
	certify that the information supplied v	vith this filin	g does not qualify for	the exe	motic	n 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 ar 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, with all other like empowered.

SIGNATURE: X