

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 MAY -3 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000054902**

1. Corporation Name  
**TACHEN AND SHAUCHEN, INC.**



Principal Place of Business  
**2300 CORAL WAY SUITE #200 MIAMI FL 33145**

Mailing Address  
**2300 CORAL WAY SUITE #200 MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/27/1996**

4. FEI Number  
**65-0675882** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 <b>2300 Coral Way</b> Suite, Apt. #, etc.	26 <b>2300 Coral Way</b> Suite, Apt. #, etc.
22 <b>Suite # 200</b> City & State	27 <b>Suite # 200</b> City & State
23 <b>Miami Florida</b> Zip Country	28 <b>Miami Florida</b> Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY  
MIAMI FL 33145**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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]* **AMADA CANTERA LOPEZ, President**  
(NOTE: Registered Agent signature required when changing agent.)

**FL 4/30/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>YU, KEVIN</b>	
STREET ADDRESS	<b>19499 N.E. 10 AVENUE APT 114</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>YU, KEITH</b>	
STREET ADDRESS	<b>19499 N.E. 10 AVENUE APT 114</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>YU YIN HAI, NELSON</b>	
STREET ADDRESS	<b>19499 N.E. 10 AVENUE APT 114</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition

11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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-05/07/99-01104-011  
\*\*\*\*150.00 \*\*\*\*150.00

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, with all other like empowered

SIGNATURE: *[Signature]*  
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99**

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