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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600054902

TACHEN AND SHAUCHEN, INC.

Principal Place of Business	Mailing Address	1 1901 1901 110 10 10 10 10 10 10 10 10 10 10 10
2300 CORAL WAY SUITE #200 MIAMI FL 33145	2300 CORAL WAY SUITE #200 MIAMI FL 33145	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal Place of Business 21 2300 Coral Way Suite. Apt # 200 City & State 23 Miami Florida	2a. Mailing Address 25 2300 Coral Way Suite Apt #, etc 27 Suite # 200 City & State 28 Miami Florida	06/27/1996 4. FET Number 65-0675882 5. Certificate of Status Desired 6. Efection Campaign Financing Trust Fund Contribution Trust Fund Contribution Applied For Not Applied For Not Applied For Not Applied For St.75 Additional Fee Required \$5.00 May Be Added to Fees
Zip Country	Zip Country 29 30 30 Current Registered Agent 81	8. This corporation owes the current year Intangible Personal Property Tax [1 Yes [1No 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
office or registered agenit or both, in the agent. I am familiar with and accept the SIGNATURE Signature, tyled or printed name of register.	by attack of Figure 3 Suction 607.0505, Florida Statutes AMADA CA	PL
TITLE PD NAME YU, KEVIN STREET ADDRESS CITY-ST-ZIP MIAMI FL 33179 TITLE SD	LU DELETÉ 11 TILLE 12 NAME	[[Change []Action ETACOMESS STATE -05 /07 /99 01 104 01 1 :-

YU, KEITH NAME 19499 N.E. 10 AVENUE APT 114 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIP 2 4 CITY-ST-ZIP [| DELETE TITLE 31 TIFLE [] Change YU YIN HAI, NELSON NAME 32 NAME 19499 N.E. 10 AVENUE APT 114 STREET ADORES! 3.3 STREET ADDRESS **MIAMI FL 33179** CITY-ST-ZIP 34 CHY-ST-ZIF [] DELETE [| Change TITLE STREET | DORESS CITY-ST&/P [] DELETE [| Change TITLE 51 TITLE 5.2 NAME NAME 5 3 STREET ADORESS STREET ADDRESS 54 Cith - \$1 - 261 CITY-ST-ZIP [] DELETE 6 1 TITLE [] Change TITLE 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 path; that I am an officer or director of the corporation or the receiver or trivialize 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.

63 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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