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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000061270 (0)

1. Corporation Name

TAPE SALES UNLIMITED INC.

Principal Place of Business

14389 LORD BARCLAY  
ORLANDO FL 32837

Mailing Address

14389 LORD BARCLAY  
ORLANDO FL 32837-5442

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 600 North Thacker ave.

Suite, Apt. #, etc.

22 Suite A-21

City & State

23 Kissimmee, FL

Zip

24 34741

Country

25 USA

2a. Mailing Address

26 600 North Thacker ave.

Suite, Apt. #, etc.

27 Suite A-21

City & State

28 Kissimmee, FL

Zip

29 34741

Country

30 USA

4. FEI Number

59-3393529

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PEREIRA, HERNAN PEREZ  
14389 LORD BARCLAY  
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME Herman Perez Pereira  
STREET ADDRESS 600 North Thacker Ave - Suite A-21  
CITY-ST-ZIP Kissimmee, FL 34741

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

1-6-97 (407) 935-1035

CR2E034 (9/96)