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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000070910 (0) DOCUMENT #

TAURUS INVESTMENT NO. 7, INC.

Principal Place of Business Mailing Address 1775 NW 70 AVE 1775 NW 70 AVE MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1996 28. Mailing Address 2. Principal Place of Business 4. FEI Number

FILED Apr 06 1998 8:00am Secretary of State



Applied For

City & State Country Coun	□ Ño
City & State City & State City & State City & State State City & State City & State Country Ztp Country Ztp Country Ztp Country R. This corporation ower or has paid the current year Personal Property Tax due June 30. Yes Personal Property Tax due Jun	led to Fees Inlangible No No
Zip	□ Ño
24	□ Ño
Section 2009 Sect	
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 change 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 appointmen agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or prived name of registered agent and title if applicable (NOTE Registered Agent signature required where renestained) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PS DELETE 1.1 TITLE NAME ORDONEZ, RAFAEL A 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MIMAI FL DELETE 2:1 TITLE NAME 2.2 NAME STREET ADDRESS CITY-ST-ZIP MIMAI FL Chair STREET ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 3.1 TITLE CHAIR Chai	
### Street Address (P.O. Box Number is Not Acceptable) ### City ### City #	
MAIMI FL 33128 B3 B4 City	
11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Typed or printed name of registered agent and title if applicable (NOTE Registered Agent agenture required when reinstating) DATE	
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 change 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 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 where reinstating) DATE	
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 change 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 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 tiff if applicable (NOTE, Registered Agent signature required where reinstating) DATE	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of change office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agont and life if applicable (NOTE Registered Agont segnature required where reinstains) DATE	ng ils registered 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 eignature required when reinstating) DATE	as registered
SIGNATURE Signature, typed or printed name of registered agent and tall if applicable (NOTE_Registered Agent eignature required which coinstains) DATE	
Signature, typed or printed name of registered agent and utio if applicable (NOTE Registered Agent signature tequired when roinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PS □ DELETE 1.1 TITLE □ Char NAME ORDONEZ, RAFAEL A 1.2 NAME 1.2 NAME STREET ADDRESS 1775 NW 70 AVE 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP TITLE □ DELETE 2.1 TITLE □ Char NAME 2.2 NAME 2.3 STREET ADDRESS CITY-SI-ZIP 2.4 CITY-SI-ZIP 1.1 TITLE □ DELETE TITLE □ DELETE 3.1 TITLE □ Char	
TITLE	TORS IN 12
NAME ORDONEZ, RAFAEL A 1.2 NAME STREET ADDRESS 1775 NW 70 AVE 1.3 STREET ADDRESS CITY-ST-ZIP MIMAJ FL 1.4 CITY-SI-ZIP TITLE	
STREET ADDRESS	
CITY-ST-ZIP MIMA FL	
TITLE DELÉTE 21 TITLE Char NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Char TITLE DÉLÉTE 3.1 TITLE Char	
NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE □ Char	ge Addition
STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE	as Moniton
CITY-\$T-ZIP 2. 4 CITY-\$T-ZIP TITLE □ DELETE 3.1 TITLE □ Char	
TITLE DELETE 3.1 TITLE CHAR	
NAME 32 NAME	ge L_ Addition
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	ge 🏻 Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 51 TITLE Char	ge 🔲 Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Char	ge Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-S1-ZIP	
14. Thereby certify that the information Applies with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that	

port is true and accurate and that my signature shall have the same legal effect as it made under dain; that it am a lee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in