


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90048 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000096254**

1. Corporation Name

**TAURUS ENTERPRISES, INC.**

Principal Place of Business

780 NE 69 ST., UNIT T-9  
MIAMI FL 33138

Mailing Address

780 NE 69 ST., UNIT T-9  
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		11/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201		4. FEI Number	
22		27		65-0716461	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
26		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SILVA, ROBERTO M 780 NE 69 ST., UNIT T-9 MIAMI FL 33138				81 Name MARIBEL G SILVA	
				82 Street Address (P.O. Box Number is Not Acceptable) 780 NE 69 ST., UNIT T-9	
				83	
				84 City MIAMI FL 85 Zip Code 33138	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPT
NAME	SILVA, ROBERTO M	1.2 NAME	SILVA MARIBEL G
STREET ADDRESS	780 NE 69 ST., UNIT T-9	1.3 STREET ADDRESS	780 NE 69 ST., UNIT 201
CITY-ST-ZIP	MIAMI FL 33138	1.4 CITY-ST-ZIP	MIAMI, FL. 33138
TITLE	DTV	2.1 TITLE	D S
NAME	SILVA, MARIBEL G	2.2 NAME	SILVA ROBERTO M.
STREET ADDRESS	780 NE 69 ST., UNIT T-9	2.3 STREET ADDRESS	780 NE 69 ST UNIT 201
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP	MIAMI, FL. 33138
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)