PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathering Harris

Secretary of State DIVISION OF CORPORATIONS

201

Country

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City MIAMI

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| 1 Committee Name | てづい | \mathcal{I} | 302 04 |

TAURUS ENTERPRISES, INC.

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SILVA, ROBERTO M

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

Principal Place of Business 780 NE 69 ST., UNIT T-9

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI FL 33138

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Z)o

SIGNATURE

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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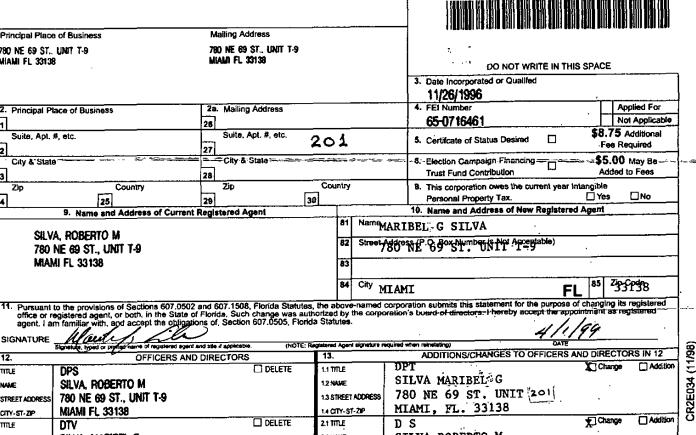
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9. Name and Address of Current Registered Agent

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

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

03-02-1999 90048 049 ***150.00



OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TITLE SILVA MARIBELSG SILVA, ROBERTO M 1.2 NUME NAME 780 NE 69 ST. UNIT (201) STREET ADDRESS 780 NE 69 ST., UNIT T-9 1.3 STREET ADDRESS MIAMI, FL. 33138 MIAMI FL 33138 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE TILE DTV SILVA, MARIBEL G 22 NAME SILVA ROBERTO M. NAME 780 NE 69 ST UNIT 201 780 NE 69 ST., UNIT T-9 2.3 STREET ADDRESS STREET ADDRESS MTAMI, FL. 33138 MIAM) FL 33138 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TILE TITLE 3.2 NAME 33 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 41 TIME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE 5.2 NAME STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 61 TITLE ☐ DELETE true 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY ST-ZIP 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 cath; 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 withan address, with all other like empowered.

SIGNATURE:

ARTO NTED NAME OF SIGNING OFFICER OR DIRECTOR