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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90104 039 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007406

1. Corporation Name
TARA 345, INC.

Principal Place of Business

~~700 MALAGA AVENUE~~
~~CORAL GABLES FL 33134~~

Mailing Address

~~700 MALAGA AVENUE~~
~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

65-0746058

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 345 NW 3rd St
Suite, Apt. #, etc.

22

23 MIAMI FL
City & State

24 33128 25 USA
Zip Country

2a. Mailing Address

26 10272 SW 119 St
Suite, Apt. #, etc.

27

28 MIAMI FL
City & State

29 33176 30 USA
Zip Country

9. Name and Address of Current Registered Agent

TRELLES, ALBERTO N ESQ
815 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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 PD
NAME PEREZ, ANTONIO
STREET ADDRESS 10272 S.W. 119 STREET
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE VD
NAME PORTUONDO, RAFAEL
STREET ADDRESS 700 MALAGA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134
☒ DELETE

TITLE SD
NAME PEREZ, ANA
STREET ADDRESS 10272 S.W. 119 STREET
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE TD
NAME PORTUONDO, ANA
STREET ADDRESS 700 MALAGA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS 6133 SW 46 Terr.

2.4 CITY-ST-ZIP MIAMI, FL 33155

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS 6133 SW 46 Terr.

4.4 CITY-ST-ZIP MIAMI, FL 33155

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

PEREZ

4/19/99

(305) 233-8720

Date

Daytime Phone #

CR2E034 (11/98)