


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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90194 039 \*\*\*158.75

0198570

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000007414**

1. Corporation Name  
**TARA 1521, INC.**

Principal Place of Business <b>700 MALAGA AVENUE CORAL GABLES FL 33134</b>	Mailing Address <b>700 MALAGA AVENUE CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1521-1529 SW 7th Str.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>10272 SW 119 Str</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>01/24/1997</b>	
22 City & State 23 <b>MIAMI, FL</b> Zip Country 24 <b>33135</b> 25 <b>USA</b>		27 City & State 28 <b>MIAMI, FL</b> Zip Country 29 <b>33176</b> 30 <b>USA</b>		4. FEI Number <b>65-0734435</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>TRELLES, ALBERTO N 815 PONCE DE LEON BLVD CORAL GABLES FL 33134</b>				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PEREZ, ANTONIO		1.2 NAME				
STREET ADDRESS	10272 S.W. 119 STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	PORTUONDO, RAFAEL		2.2 NAME				
STREET ADDRESS	700 MALAGA AVENUE		2.3 STREET ADDRESS	<b>6133 SW 46 Terr</b>			
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	<b>MIAMI, FL 33155</b>			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PEREZ, ANA		3.2 NAME				
STREET ADDRESS	10272 S.W. 119 STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	PORTUONDO, ANA		4.2 NAME				
STREET ADDRESS	700 MALAGA AVENUE		4.3 STREET ADDRESS	<b>6133 SW 46 Terr.</b>			
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP	<b>MIAMI, FL 33155</b>			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 REQUIRED PEREZ** **4/19/99** **(305) 233-8720**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)