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FILED

**Feb 08, 1999 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-08-1999 90032 046 ****150.00

DOCUMENT # P97000032997

1. Corporation Name
TATIANA RECOVERIES, INC.



Principal Place of Business: 12940 CALAIS CIRCLE, PALM BEACH GARDENS FL 33410
Mailing Address: 12940 CALAIS CIRCLE, PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

3. Date Incorporated or Qualified: 04/11/1997
4. FEI Number: 65-0737186
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 (checked), No

9. Name and Address of Current Registered Agent: VILLACORTA, TAMMY, 12940 CALAIS CIRCLE, PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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] (NOTE: Registered Agent signature required when reinstating) DATE: [Date]

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	VILLACORTA, TAMMY	
STREET ADDRESS	12940 CALAIS CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	DELETE
NAME	VILLACORTA, MARTIN A.	
STREET ADDRESS	12940 CALAIS CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
2.4 CITY-ST-ZIP		
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		
4.4 CITY-ST-ZIP		
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)(f), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] DATE: 1-17-99 DAYTIME PHONE #: 561/776-1961

CR2E034 (11/98)