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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000035121 (7)

TANIA MARKET INC.

Mailing Address

3101 N.W. 95TH STREET MIAMI FL 33147

2. Principal Place of Business

21

3101 N.W. 95TH STREET MIAMI FL 33147

2a. Mailing Address

26

## FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date incorporated or Qualified

65-0745646

04/18/1997

4. FEI Number

Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	
	City & State			City & State					B. Election Campaign Financing \$5.00 May Be     Trust Fund Contribution	
Zip	···	Country 7ip				Cou	Country		8. This corporation owes or has paid the current year Intaggible	
24				30	¬ ′		Personal Property Tax due June 30.  Yes No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
SANTANA, TANIA R							81 Name			
385 N.W. 85TH CT.							82 Street Address (P.O. Box Number is Not Acceptable)			
#2										
ļ	MIAMI FL 33°	126					83			
							84	City	85 Zip Code	
									FL 6 20 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 tide if applicable (NOTE Registered Agent signature required when reinstating)  DATE										
12.		OFFICERS A				13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P				DELETE	1.1 711	īLΕ		☐ Change ☐ Addition	
NAME	SANTA	na, tania r				1.2 NA	AME			
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CITY-ST-ZIP TITLE	+	<u></u>		<del>_</del>	DELETE	5.4 Cf	<u> </u>	- LIP	☐ Change ☐ Addition	
					L. DILLIE	6.1 III			C Outling C Mountain	
NAME STREET ADDRES								ADDRESS		
	»					6.4 CI				
City-St-ZiP	v certify that th	e information supplied	with th	is filina da	es not qualify fo	r the exe	mnli	ion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicate officer o	ed on this annu- or director of th	ial report or supplemen	tal ann ceiver-	iual report or trustee	t is true and acci empowered to e	urate and	1 tha	t my siar	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	