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 # P97000048969 (4)

TANMAR INVESTMENTS, INC.

FILED May 12 1998 8:00am Secretary of State



| | | | | | u | | |
|---|--------------|---------------------------------------|---------------------|--------------------------|----------------|------------------|--|
| Principal Place of Business Mailing Address | | | | | | | 1 192(1921 1(4.1911 1991 4911) 99111 96111 9641 18113 19113 19113 |
| 903 OAKWOOD DR. 903 OAKWOOD DR. | | | | | | | |
| BELLEAIR BLUFFS FL 33770 | | | BELLEAIF | BELLEAIR BLUFFS FL 33770 | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | 3. Date Incorporated or Qualified |
| | | | | | | | 06/03/1997 |
| 2. Principal Place of Business | | | 2a. Mailine | 2a. Mailing Address | | | A EEI Number |
| 21 | | | n | 26 | | | 59-3503043 Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc | | | S8 75 Additional | |
| 22 | | | 27 | 27 | | | 5. Certificate of Status Desired Fee Required |
| | City & State | 9 | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | 28 | | | | Trust Fund Contribution |
| | Zip | Country | Zip | | Country | , | 8. This corporation owes or has paid the current year Intangible |
| 24 | | [25] | 29 | | 30 | | Personal Property Tax due June 30. 🔲 Yes 🔀 No |
| | | g, Name and Address of Curr | ent Registered A | gent | 81 | , - | 10. Name and Address of New Registered Agent |
| | AVIRAM, TAL | | | | | Name | |
| 903 OAKWOOD DR, BELLEAIR BLUFFS FL 33770 | | | | | | Street | Address (P.O. Box Number is Not Acceptable) |
| | | | | | | | |
| | | | | | 83 | | |
| | | | | | 84 | City | 85 Zip Code |
| | | | | | | | FL |
| 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 priored name of regulated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12 | | | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TIT | | DV | av | DELETE | 1.1 TITLE | | Change Addition |
| NAI | ME | AVIRAM, MEIRAV | | | 1.2 NAME | | |
| | REET ADDRESS | 9211 SE 46TH MERCER | | | 1.3 STREET | ADDRESS | |
| | Y-ST-ZIP | MERCER ISLAND WA 9804 | 0 | | 1.4 CITY - 9 | ST-ZIP | |
| TIT | | DST | · T | DELETE | 2.1 TITLE | | Change Addition |
| NA | ME | AVIRAM, RAVIT | | | 2.2 NAME | i | |
| STE | REET ADDRESS | 9211 SE 46TH MERCER | | | 2.3 STREE 1 | ADDRESS | |
| CIT | Y-ST-ZIP | MERCER ISLAND WA 9804 | 0 | | 2. 4 CITY - | ST-ZIP | |
| TIT | | P | - | DELETE | 3.1 TITLE | | Change Addition |
| NA. | ME | AVIRAM, PAL | | | 3.2 NAME | | AVIRAM TAL |
| STE | REET ADDRESS | 903 OAKWOOD DR. | | | 3.3 STREET | ADDRESS | GOL OAKWOOD DO |
| | Y-ST-ZIP | BELLEAIR BLUFFS FL 3377 | 70 | | 3.4. CITY - | S1-ZIP | AVIRAM TAL 903 OAKWOOD DR BELLEAIR BLUFFS FL 33770 Change Addition |
| TET | | | | DELETE | 4.1 TITLE | | Change Addition |
| NA | ME | | | | 4. 2 NAME | | |
| STE | REET ADDRESS | | | | 4.3 STREET | ADDRESS | |
| CIT | Y-ST-ZIP | | | | 4.4 CITY - 9 | ST - Z(P | |
| TIT | | | | ☐ DELET€ | 5.1 TITLE | | ☐ Change ☐ Addition |
| NA | ME | | | | 5.2 NAME | | |
| | REET ADDRESS | | | | 5.3 STREET | ADDRESS | |
| ŀ | Y-ST-ZIP | | | | 5.4 CITY- 9 | | |
| TIT | | | | DELETE | 6.1 TITLE | | Change Addition |
| NA | | | | | 6.2 NAME | | |
| | REET ADDRESS | | | | 6.3 STREET | ADDRESS | |
| | Y-ST-ZIP | | | | 6.4 CITY - S | | |
| 14 | I hereby o | certify that the information supplied | with this filing do | es not qualify for | | | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information |

4. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this annual report or supplicmental annual report is true and accurate and that my signalure 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 flustee 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.

KIMMO TAI AUMA

198 813-560-671