

08271999-90005-038-\$550.00-\$550.00

199.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 22 AM 11:48	
DOCUMENT # P97000071899 1. Corporation Name TAC INTERNATIONAL, INC.					
Principal Place of Business 9601 SW 142 AVENUE SUITE 216 MIAMI FL 33186		Mailing Address 9601 SW 142 AVENUE SUITE 216 MIAMI FL 33186			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 08/19/1997 4. FEI Number 65-0775983 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. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent MENDOZA, EDUARDO 2050 CORAL WAY SUITE 307 MIAMI FL 33145			10. Name and Address of New Registered Agent 81 Name CESAR GONZALEZ 82 Street Address (P.O. Box Number is Not Acceptable) 15969 N.W. 64 Ave. 206 83 84 City Miami FL 85 Zip Code 33014		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS					
TITLE PO NAME GONZALEZ, CESAR STREET ADDRESS 9601 SW 142 AVENUE SUITE 216 CITY-ST-ZIP MIAMI FL 33186		☐ DELETE			
TITLE VD NAME JAANIORG, TOMO STREET ADDRESS 9601 SW 142 AVENUE SUITE 216 CITY-ST-ZIP MIAMI FL 33186		☐ DELETE			
TITLE TD NAME GONZALEZ, AUDA STREET ADDRESS 9601 SW 142 AVENUE SUITE 216 CITY-ST-ZIP MIAMI FL 33186		☐ DELETE			
TITLE SD NAME OLMERI, AUDA STREET ADDRESS 9601 SW 142 AVENUE SUITE 216 CITY-ST-ZIP MIAMI FL 33186		☐ 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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition			
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.					
SIGNATURE: <i>[Signature]</i> DATE 8/23/99 Daytime Phone #					

CR2E034 (5/99)