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Secretary of State

04-20-1999 90096 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106981

1. Corporation Name

TARTAN INTERNATIONAL, INC.



Principal Place of Business	Mailing Address
100 MIRACLE MILE SUITE 225 CORAL GABLES FL 33134	100 MIRACLE MILE SUITE 225 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/02/1998	
Suite, Apt. #, etc.		8355 Redrock Lane		4. FEI Number	
22		27		65-0802247	
City & State		Miami Lakes FL		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		33016		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24		29		30	
Country		USA			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Name JANICE Schneider 82 Street Address (P.O. Box Number is Not Acceptable) 8355 Redrock Lane 83 Miami Lakes 84 City FL Zip Code 33016	

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 JANICE Schneider JANICE Schneider DATE 4-16-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	Director ☐ Change ☒ Addition
NAME	SCHOEN, MARC A	1.2 NAME	JANICE Schneider
STREET ADDRESS	100 MIRACLE MILE, STE 225	1.3 STREET ADDRESS	8355 Redrock Lane
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Miami Lakes, FL 33016
TITLE	☐ DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
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 MARCO A SCHOEN

4-16-99 3054610033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)