PROFIT CORPORATION ANNUAL REPORT



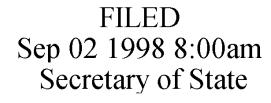
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108867 (7)

TACONIC ENTERPRISES, INC.





Principal Place of Business Mailing Address								-{		JIO 011111 1001 1001	
4135 VENTURA AVE COCONUT GROVE FL 33133				4135 VENTURA AVE COCONUT GROVE FL 33133				DO NOT WRITE IN THIS SPACE			
								3. Date incorporated or Qualified			
								12/30/1997			
2. Principal Pi	lace of Busin	ess	28	2a. Malling Address				4. FFI Number	1	Applied For	
21				26				65-0804497	1	Not Applicable	
Suite, Apt. #, etc.				Sulte, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23			28	28				Trust Fund Contribution L Added to Fees			
Zip	Country		<u> </u>	_ Zip		intry		8. This corporation owes or has paid the current year Intangible			
24	25 29		l	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 ANDRES LATIREMON 81 Name											
ANUNESS, DAURENCE M								_		-	
	LEVIN & AI	NURES A AVE STE 311					Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33148						83					
						84	City	FL 81	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sk											
12.	OFFICERS AND DI							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	EGER, DO	THE AC		DELETE			,		Change	Addition	
NAME STREET ADDRESS	AGOS LITAREDA ALMS			1.2 N			ADDRESS				
	AAAAMIT ADAUT EL AAAAA			1,4 CI						l l	
CITY-ST-ZIP	0000.10	1 0110121200100		DELETE	2.1 TI		1-219	<u> </u>	Change	Addison	
NAME				L] DELETE	2.2 N		1	LJ'	wauße	Addition	
STREET ADDRESS				2.3 STREE			ADDRESS			1	
CITY-ST-ZIP				2.4 CI							
TITLE				DELETE	3,1 T			П	Change	Addition	
NAME					3.2 N	AME					
STREET ADDRESS					3 3 ST	REET	ADDRESS			4	
CITY-ST-ZIP					3.4 CI	TY-ST	r-zip			}	
TITLE				DELETE	4.1 TI	TLE			Change	Addition	
NAME .					4.2 N/	AME	J		-		
STREET ADDRESS					4.3 ST	REET	ADDRESS				
CITY-ST-ZIP					4.4 CI	TY-SI	r-ziP				
TITLE				DELETE	5.1 Ti	TLE			Change	Addition	
NAME					5.2 N/	ME	1				
STREET ADDRESS					53 ST	REET	ADDRESS)	
CITY-ST-ZIP					5.4 CI		-ZIP				
TITLE				DEL E TE	6.1 TI			_ 🗀 (Change	Addition	
NAME					6.2 N		İ			Ì	
STREET ADDRESS					6.3 ST	REET	ADDRESS				
CITY-ST-ZIP	A16 41 112	-, -,			6.4 CI						
14. I nereby ce indicated o	enity that the In this annua	intotmation supplied wit I report or supplements	n this fili Lannual	ng does not qualify for t Freport is true and accu	ne exem _l rate and	otion that	ı stated in secti mv sionature :	ion 119.07(3)(i), Fiorida Statutes. I further c ertify that ti shall have the same legal effect as if made under oat	ne info h: tha	ormation 1	

or receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears