

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 FEB 24 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000013162**
1. Corporation Name
TACOM CORP.

Principal Place of Business
4901 NW 17TH WAY
SUITE 501
FORT LAUDERDALE FL 33309

Mailing Address
4901 NW 17TH WAY
SUITE 501
FORT LAUDERDALE FL 33309


REINSTATEMENT 99-180

2. Principal Place of Business 10707 Corporate Drive Suite, Apt. #, etc. Suite 136 City & State Stafford, TX Zip 77477 Country USA		2a. Mailing Address 26 200 S.E. 9th Street Suite, Apt. #, etc. City & State Fort Lauderdale, FL Zip 33316 Country USA		3. Date Incorporated or Qualified 02/06/1998	
				4. FEI Number 41-1907327 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent REYES, CARLOS J 200 SE 9TH STREET FORT LAUDERDALE FL 33316				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 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]* DATE 2/23/00
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	NAME	ADDITION
	SANCHEZ, ALBERTO	<input checked="" type="checkbox"/>	1.2 NAME		
STREET ADDRESS	4901 NW 17TH WAY STE 501		1.3 STREET ADDRESS		
CITY-STATE-ZIP	FORT LAUDERDALE FL 33309		1.4 CITY-STATE-ZIP		
TITLE	President/Director	<input type="checkbox"/>	2.1 TITLE	President/Director	<input type="checkbox"/>
NAME	Roberto Contreras, Jr.		2.2 NAME	Roberto Contreras, Jr.	
STREET ADDRESS			2.3 STREET ADDRESS	1801 Alcorn Bayou	
CITY-STATE-ZIP			2.4 CITY-STATE-ZIP	Sugarland TX 77479	
TITLE	Isabel Martinez Ramos	<input type="checkbox"/>	3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME	Isabel Martinez Ramos	
CITY-STATE-ZIP			3.3 STREET ADDRESS	1240 Windrock Blvd. #8106	
			3.4 CITY-STATE-ZIP	Houston, TX 77057	
TITLE	Gines Navarro Rubio	<input type="checkbox"/>	4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Ctra. Baza Huercal-Overa, Km. 59		4.2 NAME	Gines Navarro Rubio	
CITY-STATE-ZIP	Cantoria, Almeria, Spain 04850		4.3 STREET ADDRESS	Ctra. Baza Huercal-Overa, Km. 59	
			4.4 CITY-STATE-ZIP	Cantoria, Almeria, Spain 04850	
TITLE	Mario Cuevas	<input type="checkbox"/>	5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME	Mario Cuevas	
CITY-STATE-ZIP			5.3 STREET ADDRESS	2841 Edgewater Circle	
			5.4 CITY-STATE-ZIP	Woodbury NN 55125	
TITLE		<input type="checkbox"/>	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-STATE-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-STATE-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.

SIGNATURE: *[Signature]* Roberto Contreras, Jr., President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (5/99)