FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

1999

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90030 001 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000025122

1. Corporation Name

TALE INVESTMENTS, INC.

Principal Place of Business

175 FONTAINEBLEAU BLVD STE 1R-4 MIAMI FL 33172-4598

175 FONTAINEBLEAU BLVD STE 1R-4

MIAMI FL 33172-4598

Mailing Address

				3. Date Incorporated or Qualifed 03/16/1998				
Principal Place of Business	2a. Mailing Address 26 17% FOUNTAINE ISLE	AV	BLVD.	4. FEI Number	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State 28 MIAMI-FLA			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 25	29 33172.4548 30	intry		This corporation owes the current year Personal Property Tax.	☑ Yes ☐ No			
9 Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
		81	Name					
DE LA TORRIENTE, COSME 155 SW 25 ROAD			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33129		83						
		84	City	F	L 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, typed or printed name of registered agent and title if applical	NOTE: Re	gistered Agent signature required	when reinstating)	DATE	— —
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	TALGI, ALBERTO B		1.2 NAME			
STREET ADDRESS	175 FONTAINEBLEAU BLVD STE 1-R4		1.3 STREET ADDRESS			
CITY-ST-ZIP -	MIAMI FL 33172-4598		1.4 CITY-ST-ZIP		<u> </u>	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	LEON DE TALGI, CELESTE A		2.2 NAME			
STREET ADDRESS	175 FONTAINEBLEAU BLVD STE 1-R4		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172-4598		2.4 CITY+ST-ZIP			
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	BORGES, REINALDO L	<u> </u>	3.2 NAME			
STREET ADDRESS	175 FONTAINEBLEAU BLVD STE 1-R4		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172-4598		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition }
NAME			4. 2 NAME			{
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS	•		5.3 STREET ADDRESS			,
CITY-ST-ZIP			5.4 CITY+ST-ZIP		7-	
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			ĺ
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	- story 440 07/2/(). Florido Statutos I	· · · · · ·	

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 in phanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF FINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22/99 365-559-0440
Date Dayline Phone #

22E034 (11/98)

Enter
