Applied For

\$8.75 Additional

Fee Re quired

\$5.00 May Be

Added to Fees

Yes

No Applicable

12160

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800030719

Country

9. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PHINTED N

25

4100 NORTH MIAMI AVENUE

1. Corporation Name

TAMARIX, INC.

Mailing Address Principal Place of Business

4100 NORTH MIAMI AVENUE MIAMI FL 33127

2. Principal Place of Business

GOVAERT, GUI L

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip

4100 NORTH MIAMI AVENUE MIAM! FL 33127

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

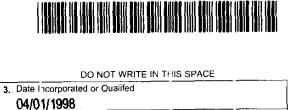
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FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90200 045 ***150.00



4. FEI Number

65-0900147

5. Certificate of Status Desired

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing Trust Fund Contribution

This corporation owes the current year intangible

10. Name and Address of New Registered Agent

MIAN		83											
			84	,					F	L 85	<u>l</u>		1
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, a m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 69.1.4.1.2.1.4.9.9.9.												ipreieo	
SIGNATUF:E	Signature, typed or printed name of registered agent at	GUI RY JUL	ad Acon	relignature re	ng was when reins	سن المحالية			Fel-	17-	199		1_
12.	OFFICERS AND			t aignaturo is			CHANGES	TO OF	FICERS	AND DI	RECTOR	S IN 12	(11/98)
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NAME	GOVAERT, GUI L	1.2	NAME	1									1 2
STREET ADORESS	4100 NORTH MIAMI AVENUE	1.3	STREET	I ADDRESS									l Ö
CITY-ST-ZIP	MIAMI FL 33127	1.4	CITY-S1	r-ZIP			•						R2E034
TITLE		DELETE 2.1	TITLE				·			J	Change	Addition	ြ
NAME		2.2	NAME										
STREET ADDRESS		2.3	STREET	ADDRESS									
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NAME		4.	NAME	1	•		-						1
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CITY-ST-ZIP		4.4	CITY-S1	T- ZIP				•					
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NAME		5.2	NAME										1
STREET ADDRESS		5.3	STREET	FADDRESS									
CITY-ST-ZIP		54	CITY-5	T-21P								—	_
TITLE		DELETE 6.	TITLE								Change	☐ Addition	1
NAME		6.2	NAME										
STREET ADDRESS		6.3	STREET	ADDRESS									1
CITY-ST-ZIP			CITY-S										
indicated	certify that the information supplied with on this annual report or supplemental audirector of the corporation or the receive or Block 13 if changed, or on an attach	inual report is true and accurate a r or trustee empowered to execute	nd thai this re	t my sign: eport as r	ature shall ha equired by C	ave the sa	me legal e	ffect as	if made u	nder oa	h: that I	am an	

NE OF SIGNING OFFICEF OR DIRECTOR

Country

81 Name

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