**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000035613

1. Corporation	I Maille					
TAULER & ASSOCIATES LAW FIRM, CORP.						
Principal Place	e of Business	Mailing Address				I fabitat ira ibiet satur aberr anter annen errer aute aurar erene um enn.
201 SEVILLA AVENUE. SUITE 203 201 SEVILLA AVENUE. SUITE CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified .04/17/1998 650 -68 6833	
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For
21 26						Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		ntry.		9. This corporation owes the current year intengible
24	25	29	30			Personal Property Text
	9. Name and Address of Current	Registered Agent		04	Name	10. Name and Address of New Registered Agent
TOM	AC IOAGUIN E			81	Name	
tomas, Joaquin E 201 Sevilla avenue, suite 203				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
COR	IAL GABLES FL 33134			83		
			ı	84	City	FL 85 Zip Code
		EOT LEON Florida Statu	toe the el	hove	-named cor	progration submits this statement for the purpose of changing its registered
SIGNATURE						orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIPLE	D	DELETE	1.1 TO	TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	TAULER, ELENA C		1210	WE	}	.   2
STREET ADORESS	AND DESCRIPTION OF THE PARTY AND		1.3 ST	1.3 STREET ADDRESS		·   C
CITY-ST-ZIP	CORAL GABLES FL 33134	•	1.4 CI	TY-ST	-21P	&
TITLE	D	☐ DELETE	2.1 17	ΠE		☐ Change ☐ Addition C
NAME	TOMAS, JOAQUIN E		2.2 N	WE	- 1	
STREET ADDRESS	l		2351	23 STREET ADDRESS		r
CITY-ST-ZiP	CORAL GABLES FL 33134		2.40	2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TILE	☐ DELETE		3.1 TI	3.1 TITLE		Change Addition
NAME			35 N	WE	Í	
STREET ADDRESS			3.3 51	REET	ADDRESS	
C/TY-ST-Z/P			3.4. C	ITY-ST	r-ziP	
TITLE		☐ DELETE	4.1 T	TLE		☐ Change ☐ Addition
NAME			4.2N			
STREET ADORESS			4.3 51	REET	ADDRESS	
CITY-ST-ZIP				TY-ST	-ZP	Change Addition
TITLE		☐ DELETE	5.177		- 1	. ☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS		•			ADDRESS	
CITY-ST-ZIP			5.4 CI 6.1 TII	1Y-ST	·ZP	☐ Change ☐ Addition
TITLE		☐ DELETE				
NAME	l .		6.2 N			
STREET ANODESS	l '' '		6.3 57	REET	ADDRESS	

exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an ite this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information supplied with this fit indicated on this annual report or supplemental annual officer or director of the corporation or the receiver of the Block 12 or Block 13 if changed, or on an attachager we

SIGNATURE:

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90032 006 \*\*\*158.75