

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
1999



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

FILED
Sep 14, 1999 8:00 am
Secretary of State

09-14-1999 90003 039 ***150.00

DOCUMENT # **P98000054891**
Corporation Name

TAFOYA CORPORATION

Principal Place of Business
10 SOUTH CONGRESS AVE. #20
ST PALM BEACH FL 33406

Mailing Address
1200 SOUTH CONGRESS AVE. #20
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1998

4. FEI Number

65-0853347

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

GONZALEZ, ARCELIA
1200 SOUTH CONGRESS AVE. #20
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ET ADDRESS	D TAFOYA, JUAN 316 SWAIN BLVD. GREENACRES FL 33463	<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS	D GONZALEZ, ARCELIA 316 SWAIN BLVD. GREENACRES FL 33463	<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]*

7-20-99 (SL) 965-0998

CR2E034 (5/99)



MIQUEL
ACCOUNTING SERVICE

P98000054891
614940-90003-39

SEPTEMBER 9TH, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
TALLAHASSEE, FL. 32302-1500


RE: ANNUAL REPORTS

TO WHOM IT MAY CONCERN,

ENCLOSED PLEASE FIND THREE ANNUAL REPORTS ALONG WITH THE...
CORRESPONDING CHECKS FOR \$150.00 EACH. THESE CLIENTS NEVER
RECEIVED A FIRST NOTICE AND ARE NOW BEING CHARGED THE PENALTY.

I CALLED YOUR OFFICES AND WAS INSTRUCTED TO WRITE TO YOU
EXPLAINING THE SITUATION. THERE IS ALSO AN ADDITIONAL CLIENT
WHO NEVER RECEIVED EITHER THE FIRST OR SECOND NOTICE, THE NAME
IS ARTESANIAS DE COLOMBIA INTERNACIONAL, CORP. P98000073926. WE
WOULD NEED AN ANNUAL REPORT FORM FOR THIS CORPORATION.

SINCERELY,



ALBERTO MIQUEL