## 3/

DOCUMENT # P9900085945  1. Entity Name TARAGUI TRADING, INC.					•	Mar 29, 2001 8:00 am Secretary of State 03-08-2001 90007 049 ***150.00
Principal Place of Business 4510 NW 79TH AVE., STE. #1-C MIAMI FL 33166		Mailing Address 4510 NW 79TH AVE STE. #1-C MIAMI FL 33166				
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State		City & State			4.	FEI Number 65-0964307 Applied For Not Applicable
· Zip Country		Zip Count		гу	5.	Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		Name	7.	Name and Address of New Registered Agent
ENRIQUEZ, JOSE D JR. 10395 SW 28TH ST. MIAMI FL 33165				TORRES, JOSE  Street Address (P.O. Box Number is Not Acceptable) 401 MIRACLE MILE  SUITE 107  City CORAL GABLES  FL Zin Gode 33134		
8. The above	s named entity submits this statement for	$\overline{J}$	ose	d office or re	sez.	2/20/2001
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 200  Make Check Payable			01 Fee w	FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, MARCELO A 12040 SW 41ST DR. MIAMI FL 33175-3645	DIRECTORS Delate	12. TITLE NAME STREET CITY-S	ADORESS ST-ZIP	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIFSCHITZ, DANIELA 12040 SW 41ST DR. MIAMI FL 33175-3645	SCHITZ, DANIELA M40 SW 41ST DR. STRE SMI FL 33175-3645		ADDRESS 17-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME - STREET CITY-SI	ADDRESS -		☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	-	Delets .	NAME STREET	ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	adoress 1-zip		☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	T-ZIP CII			ADDRESS 1-ZIP		☐ Change ☐ Addition .
I hereby of indicated of the correctanged,     SIGNAT	URE:	his filing does not qualify for the and accurate and that my valed to execute this report as the pilitother like empowered.  Harch	Mono	Ju za	n Section 1 the same le 607, Florid	19.07(3)(i), Florida Statutes. I further certify that the information egal effect as if made under oath; that I am an officer or director is Statutes; and that my name appears in Block 11 or Block 12 if  03 19 0 35-49-9221  Date Date Deytime Proce #