

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S20981 (4)

1. Corporation Name

TAURUS TEN, INC.



Principal Place of Business

Mailing Address

2151 NE163RD ST  
NORTH MIAMI BEACH FL 33162  
US

2151 NE 163RD ST  
NORTH MIAMI BEACH FL 33162  
US

3. Date Incorporated or Qualified

12/27/1990

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0248670

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOREZ, LESLIE L.  
782 NW LEJEUNE RD  
SUITE 634  
MIAMI FL 33126

81 Name

Wilberto Lopez

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

2151 NE 163 St.

83

84 City

N. Miami Beach

FL

85 Zip Code

33162

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. I, \_\_\_\_\_, Secretary of 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 qualifications of, Section 607.0505, Florida Statutes.

SIGNATURE

2/26/96

(Signature required on behalf of registered agent and, if applicable, the corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2. NAME ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3. NAME ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4. NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5. NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6. NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Carlo Brunacci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

Date

305-949-8908

Daytime Phone

CR2E034 (12/95)