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 Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90011 007 ***158.75

DOCUMENT # 1. Corporation Name	S73511

TALLARD TECHNOLOGIES, INC.

Principal Plac	Principal Place of Business Mailing Address						
5201 BLUE LAGOON DRIVE 5201 BLUE LAGOON DRIVE							
SSTE 700		STE 700					
MIAMI FL 33126	5	MIAMI FL 33126	;			DO NOT WRITE IN THIS SPACE	
US US					3. Date Incorporated or Qualified		
Į						08/15/1991	
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For			
21 26					65-0280193 Not Applicable		
Suite, Apt	. #, etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired \$8.75 Additional	
22					5. Certificate of Status Desired		
City & State City & State				_	6. Election Campaign Financing \$5.00 May Be		
23					Trust Fund Contribution Added to Fees		
Zip –	- Country	Zip	Country		-	8. This corporation owes the current year	
24	25	29	30	⊢ ′		Intangible Personal Property. Yes No	
24	9. Name and Address of Curre			<u>'</u>	_	10. Name and Address of New Registered Agent	
	5. Hame and Address of Curren	it Registere a rigor		81	Name		
HER	RERA, W A	~					
	BLUE LAGOON DR			82	82 Street Address (P.O. Box Number is Not Acceptable)		
STE							
į.				83			
MAR	MI FL 33126			84	City	85 Zip Code	
				•-	"	FL ** **	
11. Pursuan	t to the provisions of sections 607.050	32 and 607.1508. Flo	rida Statutes, t	he above	named c	orporation submits this statement for the purpose of changing its registered	
office or	registered agent, or both, in the State	of Florida. Such ch	ange was auth	orized by	the corp	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
l agent. l	am familiar with, and accept the oblig	jations of, section 60	17.0505, Florida	a Statutes	3.		
SIGNATURE			MOTE	Desistered A	of circohi	re required when reinstating) DATE	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	(14012:	13.	Genr signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD	AD DIKECTOKS	051575	1.1 TITLE	-		
TITLE			DELETE			_ ·	
NAME	GONZALEZ, HUMBERTO J.			1.2 NAME		EWERLOF, FREDRIK	
STREET ADDRESS	1	700		1.3 STREET	ADDRESS	5201 BLUE LAGOON DR, STE 700	
CITY-ST-ZIP	MIAMI FL		*******	1.4 CITY-\$1	-ZIP	MIAMI FL.	
TITLE	D	X	DELETE	2.1 TITLE		D Change 🔀 Addition	
NAME	MAHONEY, TIM			2.2 NAME		LINDROTH, HANS	
STREET ADDRESS	FARE BLUE LAGGON DD ATE	700		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST	r.7(P	5201 BLUE LAGOON DR, STE 700	
TITLE	VTS	[.]	DELETE	3.1 TITLE		MIAMI, FI. Change Addition	
NAME	HERRERA, WILLIAM A	ت	DECETE	3.2 NAME			
		700			********		
STREET ADDRESS		/00		3.3 STREET			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST	-ZIP		
TITLE	C	X	DELETE	4.1 TITLE		Change Addition	
NAME	FORSYTH, B			4.2 NAME			
STREET ADDRESS	5201 BLUE LAGOON DR, 700			4.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126			4.4 CITY-ST	1-ZiP		
TITLE	D	<u></u>	DELETE	5.1 TITLE		Change Addition	
NAME	STEMBAEK, C			5.2 NAME			
STREET ADDRESS				5.3 STREET	AUDRESS		
CITY-ST-ZIP	MIAMI FL 33126			5.4 CITY-S1	1-ZIP		
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS	1			6.3 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY-ST	r-ZiP		

14. 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 is 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:



593701-90011-7 **8**73511

July 13, 1999

Division of Corporations Annual Reports Filings Post Office Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

Per the instructions given to me by Mr. Andy Dunlap of your office, I am informing you that we did not receive the Annual Reports that you mailed in January, and had to make numerous calls to obtain copies. Mr. Dunlap told me that I would be receiving the "SECOND NOTICE" forms and that I should use them instead of the copies.

As a result, we are sending you the forms with the normal \$150 fee per corporation, plus \$8.75 for a copy of the certificate. Please feel free to call me if you have any questions or require additional information.

Abel J. Nicola, Jr.

Controller