

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

CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9: 03

DOCUMENT # **S76407 - (3)**
1. Corporation Name
147 TAMMAM, INC.

Principal Place of Business
**2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/28/1991** 3a. Date of Last Report **10/05/1994**

4. FEI Number **65-0320564** 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**

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**BLAXBERG, I. BARRY
25 S.E. 2ND AVE.
SUITE 730
MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

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, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **LEITO, CUSTODIO**
STREET ADDRESS **2121 PONCE DE LEON BLVD.**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **D**
NAME **DA MOTTA, JOAO EDUARDO**
STREET ADDRESS **2121 PONCE DE LEON BLVD.**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **V**
NAME **GREEN, SHERRY M**
STREET ADDRESS **104 E. THIRD AVE.**
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

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 110.07(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 on an attachment with an address.

SIGNATURE: *Joao B da Motta* **6/02/95 (305) 447-3993**
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR
JOAO B DA MOTTA