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 # V16895

1. Corporation Name

TARRAB U.S.A., INC.

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES, FL 33134	3211 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES, FL 33134

3. Date Incorporated or Qualified: 2/27/1992
3a. Date of Last Report: 3/3/95

2. Principal Place of Business	2a. Mailing Address
21 2151 LEJEUNE ROAD	26 2151 LEJEUNE ROAD
Suite, Apt. #, etc. 22 312	Suite, Apt. #, etc. 27 312
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip: 24 33134 — Country: 25 USA	Zip: 29 33134 — Country: 30 USA

4. FEI Number: 65-0329899 ☐ 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 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
TARRAB, ALBERTO C 2151 LEJEUNE ROAD SUITE 312 CORAL GABLES, FL 33134	81 Name: TARRAB, ALBERTO C 82 Street Address (P.O. Box Number is Not Acceptable): 2151 LEJEUNE ROAD 83 SUITE 312 84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Section 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: Alberto C. Tarrab, President — DATE: 7/3/96

(NOTE: Registered Agent must sign if registered agent is changed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TARRAB, ALBERTO C 2151 LEJEUNE ROAD, STE.312 CORAL GABLES, FL 33134 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TARRAB, DANIEL C 2151 LEJEUNE ROAD, STE.312 CORAL GABLES, FL 33134 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 300001892663 -07/12/96--01077--017 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 7-12-96 JP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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 added on an attachment with an address.

SIGNATURE: Alberto C. Tarrab — 7/3/96 — (305) 444-8988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)