

**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

APPROVED  
AND  
FILED

95 APR 25 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V29169** (2)

1. Corporation Name

**TAMROC FLORIDA, INC.**

Principal Place of Business

Mailing Address

~~25 SE 2ND AVENUE SUITE 803  
MIAMI FL 33131~~

~~25 SE 2ND AVENUE SUITE 803  
MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/16/1992** 3a. Date of Last Report **06/06/1994**

2. Principal Place of Business

2a. Mailing Address

21 **6726 N.W. 72nd. Ave.**

26 **6726 N.W. 72nd. Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Miami, FL**

28 **Miami, FL**

Zip

Country

Zip

Country

24 **33166**

25 **USA**

29 **33166**

30 **USA**

4. FEI Number  
**65-0329746**

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. 119.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINS, MAURICIO  
25 SE 2ND AVENUE, SUITE 803  
MIAMI FL 33131**

81 Name

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

**6726 N.W. 72nd. Ave.**

83

84 City

**MIAMI**

85 Zip Code

**FL 33166**

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

*Mauricio Lins*  
Signature (Print or printed name of registered agent and title if applicable)

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PT</b>
NAME	<b>LINS, JURACY GOMES</b>
STREET ADDRESS	<b>25 SE 2ND AVE., #803</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>SVP</b>
NAME	<b>LINS, MAURICIO N</b>
STREET ADDRESS	<b>540 BRICKELL KEY DR., APT. 1700</b>
CITY - ST - ZIP	<b>MIAMI FL 33131</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	<b>6726 N.W. 72nd. Ave.</b>
1 4 CITY - ST - ZIP	<b>Miami, FL 33166</b>
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	<b>555 N.E. 34th ST. #2706</b>
2 4 CITY - ST - ZIP	<b>Miami, FL 33137</b>
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mauricio Lins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #