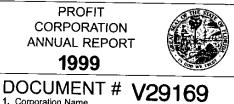
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

TAMROC FLORIDA, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90150 001 ***150.00

					! I TANK BYIDIN KALA KALAK KIAID BYIGE (BIK BY	A()	EM ala ir bheil ibhli
Principal Place of Business Mailing Address						THE OFFICE REPORTS OF	RIC BLOCK OCOUR HOUR
6726 NW 72 AVE 6726 NW 72 AVE					}	•	
MIAMI FL 331 US	166	MIAMI FL 33166					
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	,	
2 Principal	Place of Business			•	04/16/1992		
		2a. Mailing Address	— ř		4. FEI Number		Applied For
Suite, Apt. #, etc.		26			65-0329746		Not Applicable
22		Suite, Apt. #, etc.	<u>├</u>		5. Certificate of Status Desired		Additional
City & State		27					
23		City & State	— ·		6. Election Campaign Financing \$5.00 May Be		
Zip Country		28		Trust Fund Contribution Added to Fees			
24	·	Zip	Country	1	8. This corporation owes the current year	Intangible	
		29 30		Personal Property Tax.			
	3. Name and Address of	Current Registered Agent			10. Name and Address of New Registere	d Agent	
LIN:	S, MAURICIO		81	Name	-		<u></u>
	6 NW 72 AVE		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	MI FL 33166			,	- Tot Acceptable)		
	1 2 00 100		83				
			84	-			
			1	City	F		Code
11Pursuant office or i	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statute	s, the above	e-named.co	rporation.submits.this.statement for the purpose, tition's board of directors. I hereby accept the app	t changing it	s registered
agent. I a	am familiar with, and accept the	e obligations of, Section 607,0505, Flor	uthorized by ida Statutes	the corpora	ition's board of directors. I hereby accept the app	ointment as n	egistered
SIGNATURE	Theres	6			2/9/01	,	
	Signature, byped or printed name of regis		Registered Ager	t signature requi	ired when reinstating) DATE	<u>, </u>	í
12.	OFFICE	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	LINS, JURACY GOMES		1.2 NAME				
STREET ADDRESS	6726 NW 72 AVE		1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST	-ZIP			
TITLE	SVP	☐ DELETE	2.1 TITLE			☐ Change	C Addition
NAME	LINS, MAURICIO N		2.2 NAME			□ Change	Addition
STREET ADDRESS	i55 NF 34 ST #2706		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FI						!
TITLE			2.4 CITY- ST- ZIP 3.1 TITLE				
NAME			3.2 NAME			Change	☐ Addition
STREET ADDRESS				ADDDCCC			}
CITY-ST-ZIP			3.3 STREET				1
TITLE		☐ DELETE	3.4. CITY-ST	-ZIP		- <u>-</u>	
NAME		D DELETE	4.1 TITLE			☐ Change	☐ Addition
STREET ADDRESS			4.2 NAME				
CITY-ST-ZIP	4.3.		4.3 STREET	ADDRESS			}
TITLE			4.4 CITY-ST-	ZIP			
IAME		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TREET ADDRESS			5.2 NAME				
			5.3 STREET A	i			
ITY-ST-ZIP			5.4 C/TY-ST-	ZIP			
		☐ DELETE	6.1 TITLE			☐ Change	Addition
AME			6.2 NAME			*	_
TREET ADDRESS			6.3 STREET A	DORESS		•	
ITY-ST-ZIP			CACITY OF	l			

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 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 efficiency 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 effect as if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305 885 5088