

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90176 034 ***150.00

0206134

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000022154

1. Corporation Name
TAMICAP, CORP.

Principal Place of Business
 13800 S.W. 144TH AVENUE ROAD
 MIAMI FL 32186

Mailing Address
 13800 S.W. 144TH AVENUE ROAD
 MIAMI FL 32186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/11/1996

4. FEI Number
59-1387466

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUITS, STEPHEN
 13800 S.W. 144TH AVENUE ROAD
 MIAMI FL 33186

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D SUITS, STEPHEN**
 STREET ADDRESS **13800 S.W. 144TH AVENUE ROAD**
 CITY-ST-ZIP **MIAMI FL 33186**

1.1 TITLE Change Addition
 1.2 NAME **VPD SUITS, Stephen**
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D SUITS, NANCY**
 STREET ADDRESS **13800 S.W. 144TH AVENUE ROAD**
 CITY-ST-ZIP **MIAMI FL 33186**

2.1 TITLE Change Addition
 2.2 NAME **VPP SUITS, Nancy**
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D SIMON, GERALD**
 STREET ADDRESS **13800 S.W. 144TH AVENUE ROAD**
 CITY-ST-ZIP **MIAMI FL 33186**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D SIMON, JILL**
 STREET ADDRESS **13800 S.W. 144TH AVENUE ROAD**
 CITY-ST-ZIP **MIAMI FL 33186**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE: *Nancy Suits*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 305 2512234
 Date Daytime Phone #

CR2E034 (11/98)