

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Menear  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 631699

(6)

1. Corporation Name

TUTUA, INC.

APPROVED  
AND  
FILED

SUMM - 1 MII:09

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/02/1979**      **06/15/1994**

2. Principal Place of Business	2b. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 County
24 25	29 30

4. FEI Number      4a. Applied For  
**59-1929838**       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. The corporation has liability for unpayable tax under § 267.000, Florida Statutes       Yes       No

## B. Name and Address of Current Registered Agent

DIMARCO, GINO J  
2829 FLA BLVD  
105  
33483

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City      85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1608, 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]*

Date: 06/15/1994

Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	NAME	1.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMARCO, GINO J.	1.2. NAME	
STREET ADDRESS	2829 FLA BLVD	1.3. STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	1.4. CITY ST ZIP	
OFFICE	NAME	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, ENRIQUE	2.2. NAME	
STREET ADDRESS	2829 FLA BLVD	2.3. STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	2.4. CITY ST ZIP	
OFFICE	NAME	3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY ST ZIP		3.4. CITY ST ZIP	
OFFICE	NAME	4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY ST ZIP		4.4. CITY ST ZIP	
OFFICE	NAME	5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY ST ZIP		5.4. CITY ST ZIP	
OFFICE	NAME	6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY ST ZIP		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 Chapter 119 (76.000), Florida Statutes. I further certify that the information included in the 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 unpowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 changed or on an attachment with an address.

SIGNATURE: *GINO J. DIMARCO* 4/25/94

407-176-7796

State Tax

0270436 CP