FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:25

DOCUMENT # **G45752** **(4)**

1. Corporation Name
TILISAS CORPORATION, INC.

Principal Place of Business
% DEL CUETO CORPORATION
2515 SW 7TH ST., SUITE 1
MIAMI FL 33135-3019

Mailing Address
% DEL CUETO CORPORATION
2515 SW 7TH ST., SUITE 1
MIAMI FL 33135-3019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/20/1983**
3a. Date of Last Report: **04/20/1994**

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

4. FEI Number: **65-0010367** — 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
DEL CUETO, JOSE
2515 SW 7TH ST., SUITE 1
MIAMI FL 33135

10. Name and Address of New Registered Agent
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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	POSTIGO, FELICIANA S.
STREET ADDRESS	2515 SW 7TH ST., SUITE 1
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	DEL CUETO, JOSE
STREET ADDRESS	2515 SW 7TH ST., SUITE 1
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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)(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 registrar 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 officer.

SIGNATURE: 03-24-95 (305)638-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jose del Cueto - Secretary

0143280 CP