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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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

1. Corporation Name
TILISAS CORPORATION, INC.

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

3. Date Incorporated or Qualified: **06/20/1983**
3a. Date of Last Report: **06/10/1996**

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	10. Name and Address of New Registered Agent
DEL CUETO, JOSE **2515 SW 7TH ST., SUITE 1** **MIAMI FL 33135**	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 of new or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**P** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**POSTIGO, FELICIANA S.**	1.2 NAME	
STREET ADDRESS	**2515 SW 7TH ST., SUITE 1**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**MIAMI FL**	1.4 CITY-ST-ZIP	
TITLE	**S** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**DEL CUETO, JOSE**	2.2 NAME	
STREET ADDRESS	**2515 SW 7TH ST., SUITE 1**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**MIAMI FL**	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ Secretary 3-12-97 (305)638-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # /

0185494