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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G45752

(4)

TILISAS CORPORATION, INC.

FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
% DEL CUETO CORPORATION 2515 SW 7TH ST., SUITE 1 MIAMI FL 33135-3019			2515 8	% DEL CUETO CORPORATION 2515 SW 7TH ST SUITE 1 MIAMI FL 33135-3019				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified	
2. Principal f	Place of Busin	2201	2n Mai	2a. Mailing Address				06/20/1983 4. FEI Number Applied For
21	THOU OF DUSIN	<u></u> ⊢––	26				65-0010367 Not Applicable	
Suite, Apt	#, etc.		Suite, Apt. #, etc.				SR 75 Additional	
22			27					5. Certificate of Status Desired Fee Required
City & State			<u></u> ⊢¬ `	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country				Zip Country				8. This corporation owes or has paid the current year Intangible
24	25		29	⊢ı				Personal Property Tax due June 30. Yes Who
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent
DE	EL CUETO, .	JOSE				81	Name	
25	15 SW 7TH				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33135						83		
						84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authors.						d by	r the corporal	poration submits this statement for the purpose of changing its registered tion'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, typod or profind name of registing a agent and title if applicable. [NOTE Registered						d Age	nt signature requi	red when reinstating) DATE
12.		OFFICERS AND	DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			L DELETE	1.1 Ti	TLE		☐ Change ☐ Addition
NAME POSTIGO, FELICIANA S.				1.2 NAME				
STREET ADDRESS 2515 SW 7TH ST., SUITE 1				1.3 STREET ADD			ADDRESS	
CITY-ST-ZIP	MIAMI F	<u> </u>		DELETE		11Y - S	T-ZIP	Change Addition
TITLE	S DEL CUETO, JOSE							☐ Change ☐ Addition
NAME OTDEET ADDRESS		V 7TH ST., SUITE 1			2.2 N	-	1000000	
STREET ADDRESS CITY+ST-ZIP	MIAMI F						ADDRESS ST-ZIP	8,50 × 1,10
TITLE	3778 3011 1			DELETE	3,1 Ti		01-21-	Change Addition
NAME					3.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					3.4. C	ITY-S	IT-ZIP	
TITLE				DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME					4. 2 N	IAME		
STREET ADDRESS				4.3 STREET ADD		ADDRESS		
CITY-ST-ZIP					4.4 City-St-ZiP		T- ZIP	
TITLE				DELETE	5.1 TI			☐ Change ☐ Addition
NAME					5.2 N/			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	ļ			DECETE	5.4 CI		T- ZIP	Channe D state.
TITLE				☐ DELETE	6.1 T/			☐ Change ☐ Addition ☐
NAME CONCER ADDRESS					6.2 N		1000000	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	L.,,	· · · · · · · · · · · · · · · · · · ·			6.4 CI	IY-S	1-ZIP	

4. Thereby 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 apport of supplemental annual report is true and securate 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of chapter 607 in attachment with an address.

4-11-08 (200) 1384041