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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

· 1999 **DOCUMENT #**

AMENDED ANNUAL REPORT

1 Corporation Name (5/15752

TILISAS CORPORATION, INC.

Principal Place of Business %Del Cueto Corp. 2515 SW 7 St. Ste. 1 Mailing Address 11430 N. Kendall Dr. Ste 308 Miami, Florida 33176

FILED 99 SEP 14 AM 9: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Miami, FL 33135	•	DO NOT WRITE IN THIS SPACE		
33.00			Date Incorporated or Qualifed 6/20/83	
Principal Place of Business	2a. Mailing Address		4. FEI Number 103407	Applied For
21 % H Ruiz & Associates	26		W5-0010344	Not Applicable
Suite, Apt. #, etc. 22 11430 N. Kendall Dr. #	308 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Miami, Florida	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible
24 33176 25 USA	29 30		Personal Property Tax.	☐Yes ☐No
9. Name and Address of	Current Registered Agent		10. Name and Address of New Register	ed Agent
Jose Del Cueto		81 Name Hu	ıgo J. Ruiz	
2515 SW 7th Street,		82 Street Addr	ess (P.O. Box Number is Not Acceptable) 430 N. Kendall Dr.,	Ste. 308
Miami, Florida 331	135	83		
		84 City Mi	ami F	L 85 Zip Code 33176
11. Pursuant to the provisions of Sections 6	807,0502 and 607,1508, Florida Statutes, th	e above-named corp	oration 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. La	agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or gorded name of registered agent and title if applic	able (NOTE: Re	Hugo J	J Ruiz 8/ /99 required when reinstating) DATE				
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	President	DELETE	1.1 TITLE	President XXChange Addition				
NAMÉ	Postigo, Feliciana S.		1.2 NAME	Postigo, Feliciana S.				
STREET ADDRESS	2515 SW 7 St., Ste. 1		1.3 STREET ADDRESS	 				
CHY-ST-ZIP	Miami, FL 33135		1.4 CITY-ST-ZIP	Miami, FL 33176				
TITLE	Secretary	XX DELETE	2.1 TITLE	Secretary Change XXAddition				
NAME	Del Cueto, Jose		2.2 NAME	Yvette G. Murphy, Esq.				
STREE LADORESS	2515 SW 7 St., Ste. 1		2.3 STREET ADDRESS	1				
Cifn - ST-ZiP	Miami, FL 33135		2. 4 CITY-ST-ZIP	Coconut Grove, FL 33133				
~ ′LE		DELETE	3.1 TITLE	Change Addition				
NAME			3.2 NAME	8000029921584				
STREET ADORESS			3.3 STREET ADDRESS	-03/21/3301033001				
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE	*****\$2.50 *****\$2.50 Change Addition				
NAME			4. 2 NAME	8000023921584				
STREET ADORESS			4.3 STREET ADDRESS	1				
0/* ST-ZP			4.4 CiTY-ST-ZIP	******8.75 ******8.75				
TITLE		DELETE	5.1 TITLE	Change Addition				
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CH!Y-ST-ZIP			5.4 CITY-\$T-ZIP					
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME			6.2 NAME	QP .				
STREET ADDRESS			5.3 STREET ADDRESS	9,				
				I .				

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 porporation or the repeiver 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 the model or or an alaction with an address, with all other like empowered.

~Yvette G. Murphy

8/4/99 (305) 442 1992 Date

Daytime Phone #

CR2E034 (11/98)