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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J96788**

TIFFARA INTERNATIONAL, INC.

(1)

FILED May 16 1997 8:00am Secretary of State

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10761 NW 89TH AVE. P.O. BOX 3590 HIALEAH FL 33016				10741 NW 89 AVE. HIALEAH GARDENS FL 33018-4504 US									
							:	'	Date incorporated or C 10/06/1987	lualified		ate of Last 08/1996	Report
2. Principal F	Place of Busin	iess	h	ng Address				4.	FEI Number				pplied For
21 Suite, Apt.	# Als		26 Suite	, Apt. #, etc.					65-0025974				lot Applicable
22			27					5.	Certificate of Status De	sired			Additional lequired
City & Stat	te			& State				- 1	Election Campaign Fine	-			Мау Ве
23 Zip		Country	28 Zip		Cour	ntru	<u></u>		Trust Fund Contribution		<u> </u>		to Fees
24		25	29		30	K. y		- 1	This corporation has lia Florida Statutes			tax under⊪ ∐ No	s. 199.032,
=======================================		and Address of Cur		Agent	1301				Name and Address of		·		··· ··· ··· · · · · · · · · · · · · ·
LES	ROCK			·		B1	Name						······
	41 NW 89 A	VE.			ļ.,	-	Cironi Andri	/5	O Barris Harris Later	8		·····	
		ENS FL 33016			·]	82	Street Addi	ress (P.	O. Box Number is Not	Acceptable	e)		
					Ī	83					••••••	·····	
					-	84	City				FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 607 (0502 and 607 150	18. Florida Štati	utes the ah	OVE-1	named corr	noration	submits this statement	for the ou		changing	ite regieloros
office or	registered ag	ent, or both, in the St	ate of Florida. Suc	ch change was	authorized	by t	he corporat	tion's b	n submits this statement pard of directors. I here	by accept	the app	ointment a	registered
annat La		in, and accept the or	Juganous of, Section	i ,auau. vuo moi	rionda Statu	лөв.							
	3000 1630 1000 1000												
agent. La SIGNATURE			goent and little if applica	able (NC	OTF: Bagisterad	Anent	Signature necuir	ired when i	reinstation		DATE		
		is priced name of registered	d agent and little if applica		OTE: Registered	Agent	signature requir			O OFFICE	DATE ERS AND	DIRECTO	RS IN 12
SIGNATURE		is priced name of registered					signature requir		reinstating) DDITIONS/CHANGES 1	O OFFICE		DIRECTO	RS IN 12
SIGNATURE	Stip alunc typed	or priced name of registered OFFICERS		}	13.	E	signature requir			TO OFFICE			
SIGNATURE 12.	Signature hyperd	OFFICERS		}	13. 1.1 TiTt	J.E VIE				TO OFFICE			
SIGNATURE 12 THE NAME	D ROCK, LE 10741 NV	OFFICERS		}	13. 1.1 TITE 1.2 NAA 1.3 STR	LE ME REET AL	DORESS			TO OFFICE			
SIGNATURE 12. TITLE NAME STREET ADDRESS	D ROCK, LE 10741 NV	OFFICERS. S V 89 AVE.		}	13. 1.1 TIT: 1.2 NAM	LE ME REET AL Y-ST-	DORESS			TO OFFICE			☐ Addition
SIGNATURE 12. THE NAME STREET ADDRESS CHY-SI-ZIP	D ROCK, LE 10741 NV	OFFICERS. S V 89 AVE.		S DELETE	13. 1.1 TITE 1.2 NAA 1.3 STR 1.4 CITE	LE ME REET AL Y - ST - LE	DORESS			TO OFFICE		☐ Change	Addition
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