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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

1999 **DOCUMENT #** L24986

1. Corporation Name

TI	RE	Χ,	VC.

Mailing Address

FILED Feb 02, 1999 8:00am **Secretary of State**

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C/O ALVARO DE PRAT C/O ALVARO DE PR. 1840 WEST 49TH STREET. #220-10 1840 WEST 49TH S		C/O ALVARO DE PRAT		ŀ		•.		
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			•		3/1989		· _ ·	,
				4. FEI No			. Ap	plied For
. Principal Plac	e of Business	2a. Mailing Address			•		, No	t Applicable
ם בי		<u> </u>	65-015550		\$8.75 Additional			
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Suite, Apt. #,	etc.	27		1			£5.00	Mari Bo
<u> </u>		City & State	•		on Campaign Financ	ing ' 🔲 `		May Be to Fees
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3	<u> </u>	Zip	Country	8. This c	corporation owes the	current year	Intangible	□Na.
Zip	Country		1 :	Perso	nal Property Tax.		⊔ Yes	No
4	25	14.5		10. Name	e and Address of N	ew Registere	ad Agent	`
	9. Name and Address of Curre	nt Registered Agent	81 Name			-	٠.	
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111/166	34.72 000 /2 000	•	2015			1, 4 , t 	85 Zip	Code
			84 City	•		F		
	· <u> </u>	0.5 11	the above parme	d corporation subr	nits this statement fo	r the purpose	of changing if	ts registered
11. Pursuant te	the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, of Florida Such change was auth	orized by the cor	poration's board o	f directors. I hereby	accept the ap	pomunent as i	agistorea
office or re	o the provisions of Sections 607.05 gistered agent, or both, in the State of familiar with, and accept the oblig	ations of Section 607:0505, Florid	a Statutes.		•		•	
ugum. ,	tatillat with, and assept the	,	_	<u> </u>	·	DATE		
			egistered Agent signatur		no) : 1	DAJE	·	
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: Ro	egistered Agent signatur		TIONS/CHANGES T	DAJE	·	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A		egistered Agent signatur		no) : 1	DAJE	AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	pent and title if applicable. (NOTE: ROAND DIRECTORS	13.		no) : 1	DAJE	AND DIRECT	ORS IN 12
SIGNATURE 12.	OFFICERS A DP DE PRAT, DOLORES A.	pent and title if applicable. (NOTE: ROAND DIRECTORS	egistered Agent signatur 131.1 TITLE 1.2 NAME	e required when reinstatin	no) : 1	DAJE	AND DIRECT	ORS IN 12
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I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 118.0/(3)(i), Florida Statutes. I turner certify that the information supplied with this filling does not quality for the exemption stated in Section 118.0/(3)(i), Florida Statutes, I turner certify that the information for the same legal effect as if made under oath; that I am are 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, with all other like empowered.