

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:33

DOCUMENT # L60100 (9)

1. Corporation Name
CITLALI, INC.

Principal Place of Business Mailing Address
% TIMOTHY P. STICKNEY
104 CRANDON BLVD SUITE 309
KEY BISCAYNE FL 33149
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/21/1990 3a. Date of Last Report 02/23/1994
4. FEI Number 65-0258887 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STICKNEY, TIMOTHY P.
104 CRANDON BLVD, SUITE 309
KEY BISCAYNE FL 33149

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV
NAME STICKNEY, TIMOTHY P.
STREET ADDRESS 104 CRANDON BLVD, #309
CITY-ST- ZIP KEY BISCAYNE FL
TITLE S
NAME MCENTEE, ERNESTO
STREET ADDRESS 2333 BRICKELL AVE.
CITY-ST- ZIP MIAMI FL
TITLE T
NAME DE ALVAREZ, STELLA B.
STREET ADDRESS 2333 BRICKELL AVE.
CITY-ST- ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST- ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST- ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST- ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST- ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST- ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it 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 in correct, or correct attachment with an addition.

SIGNATURE:

Timothy P. Stickney
Timothy P. Stickney Pres.

2/17/95 (305) 341-8059