

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90010 003 \*\*\*550.00

DOCUMENT # **P93000002867**  
Corporation Name

**T T R CORPORATION**

Principal Place of Business

SW 3<sup>rd</sup> AVE  
STE 209  
MIAMI FL 33130

Mailing Address

11774 SW 32 ST.  
STE 209  
MIAMI FL 33175  
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KONDLA, RICHARD F**  
**4960 SW 72ND AVE**  
**STE 209**  
**MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	<input type="checkbox"/> DELETE D MUNOZ, TOMAS 11774 SW 32 ST. MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	<input type="checkbox"/> DELETE	1.2 NAME	
3	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
5	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	<input type="checkbox"/> DELETE	2.2 NAME	
7	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	<input type="checkbox"/> DELETE	3.2 NAME	
11	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	<input type="checkbox"/> DELETE	4.2 NAME	
15	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	<input type="checkbox"/> DELETE	5.2 NAME	
19	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	<input type="checkbox"/> DELETE	6.2 NAME	
23	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-99

CR2E034 (5/99)