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FILED

Jun 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000045640 (6)

1. Corporation Name

TINOCO ASSOCIATES, INC.



Principal Place of Business

2212 S. CHICKASAW TR.
ORLANDO FL 32825

Mailing Address

2212 S. CHICKASAW TR.
ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

59-3337081

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

TINOCO, GUSTAVO
2212 S. CHICKASAW TR.
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name

TINOCO, Pedro

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

2212 S. CHICKASAW TRAIL

83

84 City

ORLANDO

FL

85 Zip Code

32825

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 of the person changing registered agent, if different from above

Pedro N. TINOCO

(NOTE: Registered Agent signature required when reinstating)

DATE

JUNE 10 1998

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME DP
STREET ADDRESS TINOCO, GUSTAVO A
CITY-ST-ZIP 2212 S. CHICKASAW TR.
ORLANDO FL 32825

TITLE ☒ DELETE
NAME DVP
STREET ADDRESS BALESTRINI, ADRIANA M
CITY-ST-ZIP 2212 S. CHICKASAW TR.
ORLANDO FL 32825

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME D TINOCO PAZ, Pedro R
1.3 STREET ADDRESS 2212 S. CHICKASAW TR
1.4 CITY-ST-ZIP ORLANDO, FL 32825

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME D TINOCO, Pedro R
2.3 STREET ADDRESS 2212 S. CHICKASAW TR
2.4 CITY-ST-ZIP ORLANDO, FL 32825

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 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

Pedro TINOCO

4/27/98 (607)3842224

CR2E034 (10/97)