

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053265 (1)

1. Corporation Name

TIARA INC.

Principal Place of Business

7512 DR. PHILLIPS BLVD.
SUITE 50-330
ORLANDO FL 32819

Mailing Address

7512 DR. PHILLIPS BLVD.
SUITE 50-330
ORLANDO FL 32819

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

24

9. Name and Address of Current Registered Agent

CHANG, DANIEL
7512 DR. PHILLIPS BLVD.
SUITE 50-330
ORLANDO FL 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, being a duly qualified and authorized officer or registered agent, or both, in the State of Florida, Such change was authorized by the board of directors of the corporation, and 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: If you are a corporation, you must sign this statement as a corporation.)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CHANG, DANIEL
STREET ADDRESS 7512 DR. PHILLIPS BLVD., SUITE 50-330
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I further certify that the information indicated on this annual report or supplemental annual report is true and correct. I further certify 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: *Daniel Chang* DANIEL CHANG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3331404

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

1. Add Signature (required when removing)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

☐ Change

☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

☐ Change

☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

☐ Change

☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

☐ Change

☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

☐ Change

☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

4/29/96 (407) 248 9009

CR2E034 (12/95)