## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if changed,



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 06 1997 8:00am

Secretary of State

DOCUMENT # P95000053265 (1)

TIARA INC.

Principal Place of Business Mailing Address 7512 DR. PHILLIPS BLVD. 7512 DR. PHILLIPS BLVD. **SUITE 50-330 SUITE 50-330** ORLANDO FL 32819 ORLANDO FL 32819-5100 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3331404 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes Yes X No 24 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHANG, DANIEL 7512 DR. PHILLIPS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 50-330** 83 ORLANDO FL 32819 84 City 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 (NOTC: Reg stored Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Addition TITLE Change 1.1 TITLE CHANG, DANIEL NAME 1.2 NAME 7512 DR. PHILLIPS BLVD., SUITE 50-330 STREET ADDRESS 1.8 STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE TITLE 2.4 1DLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.8 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addilion TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.UTIRE NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.4 TITLE NAME 6.2 NAME STREET ADDRESS 6.8 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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 upder eath; 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