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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



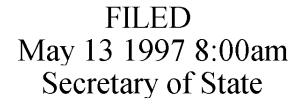
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000041858 (7)

TLM, INC.





Principal Place of Business Mailing Address						1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E	
8360 W. FLAGLER ST. 8360 W. FLAGLER ST.							
SUITE 205   SUITE 205     MIAMI FL 33144   MIAMI FL 33144-2082							
minimi (E 00147 EQUE					3. Date Incorporated or Qualified 3a. Date of Last Report		
					05/15/1996	<b>July</b> 25 Miles (1)	Last Hopson
2. Principal Place of Business	2a. Mailing Address				A CCI Number		Applied For
21	26				1		Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.					□ \$8	.75 Additional
22	27				5. Certificate of Status Desired		ee Required
City & State	City & State				6. Election Campaign Financing	\$	5.00 May Be
23	28				Trust Fund Contribution		dded to Fees
Zip Country	Zip				8. This corporation has liability for intagible tax under s. 199.032,		
25 9. Name and Address of Current	[29]	30	r			Yes No	
	Registered Agent		81	Name	10. Name and Address of New Reg	istered Agent	
MARTINEZ, ANDY			٠,	INATIO			
6360 W. FLAGLER ST. SUITE 205 MIAMI FL 33144			82 Street Address (P.O. Box Number is Not Acceptable) 83				
MIMMI TL 33 144			03				
			84	City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statu	les, the al	bove	-named corp	poration submits this statement for the pu		aina its registered
11. Pursuant to the provisions of Soctions 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 harne of registered agent and title if applicable (NOTE: Registered Agent signature required when rejectating) *DATE							
12. OFFICERS AND	**	13.			ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE D	DELETE	1.1 T)	TLE			C	nange
NAME ROS, REY		1.2 N	AME				
			1.3 STHEET ADDRESS				
CITY-ST-ZIP MIAMI FL 33144		1.4 CI	1Y-ST	- ZIP			
TITLE	DELETE 211		1LF			CI	nange 🔲 Addition
NAME	22		2.2 NAME				
STREET ADDRESS	\$ 231			ADDRESS			
CITY-ST-ZIP		2.40	IIY-S	1-ZIP			
TITLE	☐ DELETE	3.1 Tr	ILE			□ ci	nange Addition
NAME		3.2 NA	AME.				
STREET ADDRESS		33 \$1	REET /	ADDRESS			
CITY-ST-ZIP	T herese	3.4. C		I - ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	☐ DELETE	4.1 TO				LJ C	nange L Addition
NAME		4. 2 N					
STREET ADDRESS				ADDRESS			}
CITY-ST-ZIP	☐ DELFTE	4.4 CI		- ZIP			annos Addition
TITLE	□ veter€	5.1 TII				☐ Cł	nange [] Addition
NAME STORES ADDRESS		5.2 N/		1000000			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	DELETE	5.4 CI 6.1 TII		- ZIF		□ CI	nange
NAME						ᆸᅜ	range L_I Addition
		6.2 NA		ADDINECE			
STREET ADDRESS				ADDRESS			
14. I do hereby certify that the information supplied:	with this filing does not quali	6.4 CI			Lin Section 119 07(3)(i) Florida Statutos	I further cortif	v that the

Information indicated on this annual report or Applemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 for on an attachment with an address.