

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90210 039 \*\*\*158.75

1162781

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000055509**

1. Corporation Name  
**TULAS REALTY CORPORATION**

Principal Place of Business  
 6500 W 4TH AVE  
 HIALEAH FL 33012

Mailing Address  
 6500 W 4TH AVE  
 HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/27/1996</b>  |  |
| 4. FEI Number<br><b>65-0677889</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Country             |
| 24                             | Country             | 29                  | Zip                 |
| 25                             |                     | 30                  | Country             |

9. Name and Address of Current Registered Agent

**PAREDES, ROSARIO A**  
**6500 W 4TH AVE**  
**HIALEAH FL 33012**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>PAREDES, EDUARDO D</b>    |                                 |
| STREET ADDRESS | <b>801 CAPRI ST, #304</b>    |                                 |
| CITY-ST-ZIP    | <b>CORAL GABLES FL 33134</b> |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>MILLER, ROSARIO A</b>     |                                 |
| STREET ADDRESS | <b>12619 NW 13TH ST</b>      |                                 |
| CITY-ST-ZIP    | <b>SUNRISE FL 33323</b>      |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |  |
|--------------------|-------------------------------|--|
| 1.1 TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>PAREDES, EDUARDO D.</b>    |  |
| 1.3 STREET ADDRESS | <b>1300 SW 122ND AVE #401</b> |  |
| 1.4 CITY-ST-ZIP    | <b>MIAMI, FL 33184</b>        |  |
| 2.1 TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>MILLER, ROSARIO</b>        |  |
| 2.3 STREET ADDRESS | <b>1300 SW 122ND AVE #401</b> |  |
| 2.4 CITY-ST-ZIP    | <b>MIAMI, FL 33184</b>        |  |
| 3.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                               |  |
| 3.3 STREET ADDRESS |                               |  |
| 3.4 CITY-ST-ZIP    |                               |  |
| 4.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                               |  |
| 4.3 STREET ADDRESS |                               |  |
| 4.4 CITY-ST-ZIP    |                               |  |
| 5.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                               |  |
| 5.3 STREET ADDRESS |                               |  |
| 5.4 CITY-ST-ZIP    |                               |  |
| 6.1 TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Eduardo Paredes **SIGNATURE REQUIRED** 4-19-99  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR20234 (11/98)