

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P9600008474B

1. Corporation Name

TIBIRI TABARA, INC.

Principal Place of Business

Mailing Address

606 SE HARBOR VIEW DR. SAME
PORT ST. LUCIE FL 34983

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

Country

24 25 29 30

9. Name and Address of Current Registered Agent

DIONISIO CALA

606 SE HARBOR VIEW DRIVE
PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/96

4. FEI Number

65-0707540

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 the current year Intangible
Personal Property Tax. ☐ 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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

100003026941--8

-10/27/99--01093--007

***150.00 ***150.00

TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/2/99 336-3755

CR2E034 (11/98)

FILED

99 OCT 19 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DIONISIO CALA
TIBIRI TABARA INC.**

606 SE HARBORVIEW DR
PORT SAINT LUCIE FL. 34983
SAINT LUCIE COUNTY

Home Phone 561-336-3755
Fax 561-879-9346
Pager 1-888-586-5325
Cellular Phone 561-979-0877
Email DINOLOANS@AOL.COM

2

FLORIDA DEPARTMENT OF STATE

RE: LETTER OF EXPLANATION WHY FILE FEE IS LATE

TO WHOM IT MAY CONCERN

THE REASON THE FILLING FEES ARE BEING SENT LATE IS DUE TO THE FACT THAT I WAS CURRENT LIVING IN MIAMI FLORIDA SINCE 1998 AND FOR THE LAST YEAR ALL OF MY INCORPORATION INFORMATION WAS BEING SENT TO MY PRIOR ACCOUNT ADDRESS, IN MIAMI FLORIDA.

BACK IN OCTOBER OF 1998 I REQUESTED A CHANGE OF ADDRESS TO BE EXECUTED FROM YOUR DEPARTMENT AND HAD ASSUMED EVERY THING WAS FINE. UNTIL SEPTEMBER OF 1999 WHEN MY CURRENT ACCOUNT REQUEST ALL INFORMATION FORM YOUR DEPARTMENT.

PLEASE EXCEPT MY APOLOGY AND CONFIRM THAT YOU HAVE MY UPDATED INFORMATION NOW.

THANK YOU



DIONISIO CALA PRES.