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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90009 007 ***150.00

P96000090426 **DOCUMENT #** 1. Corporation Name

TINVESTMENTS INC.

Mailing Address Principal Place of Business 1638-1648 SWBILTMORE ST PT, ST. LUCIE FL. 34984

9621 SW 100 AVE MIA.FL. 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Suite, Apt #, etc. Suite, Apt #, etc.		lace of Business 2a. Mailing Address		4. FEI Number	Applied For	r
SouthCate Desired Foe Required			100 AVE	59-3409680	Not Applica	ble
Trust Fund Contribution	Suite, Apt.	·		5. Certifcate of Status Desired	•	1 .
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ALBERT J. TACORNAL 9621 SW 100 NE 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 office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent a	Zip 24 3 4 9	Country MARTIN Zip	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・			
ALBERT J, TACORNAL 962 SW 100 NE MIA, FL. 33176 82 Street Address (P.O. Box Number is Not Acceptable) 83 SW 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named 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. 85 SIGNATURE 86 City FL 85 Zip Code 11. Immage Statutes S		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Ag	gent	
## City ## B5 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 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered additions of Section 57.000. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered additions. ### Statutes of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered additions. ### Statutes of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered additions. ### Statutes of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered additions. ### Statutes of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered additions. ### Statutes of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered additions. ### Statutes of Florida Statutes. ### Statutes of Florida Statutes. ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ### ADD	ALBE	ST J. TACORNAL		Address (P.O. Box Number is Not Acceptable)		
11. Presument to the provisions of Sections 607.0502 and 607.1508. Findia Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when resistating) ITILE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. PRE. Change PAGISTON PRE. OCHANGE 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 12. NAME 12. NAME 13. TREET ADDRESS OF PRE. Change PAGISTON 14. CITY-ST-ZP 14. CITY-ST-ZP 14. CITY-ST-ZP 14. CITY-ST-ZP 15. TITLE 16. NAME 17. STREET ADDRESS 17. ST-ZP 17. ST-ZP	962	4 SW100 NE	83			
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 12	MIA	4, FL. 33176	84 City	FL	85 Zip Code	
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				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 ap attachment with an address, with all other like empowered.

SIGNATURE: