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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Ian 15 1008 8:00am

FILED

ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS					Secretary of State		
DOCUMENT # P96000091330 (6)							
TLSAE, INC.							
Principal Place of Business Mailing Address							
20801 BISCAYNE BLVD STE 304 20801 BISCAYNE BLVD STE 304							
AVENTURA FL 33180-1422 AVENTURA FL 33180-1422						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address				11/04/1996 4- FEI Number Applied For	
21 26						65-0708879 Not Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional Fee Required	
22						6. Election Campaign Financing \$5.00 May Be	
23 28						Trust Fund Contribution	
Zip 24	25 29 30					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent	
SASLAW, GARY R 20801 BISCAYNE BLVD STE 304				2	Street Addre	ess (P.O. Box Number is Not Acceptable)	
AVENTURA FL 33180							
				83			
				84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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.							
1	m familiar with, and accept the	obligations of, Section 607.0505, Flo	rida Statut	es.		,	
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if applicable. (NOTE	. Registered A	gent	t signature require	od when reinstating) DATE	
12,		RS AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME			1.1 TITLE 1.2 NAME		İ	C Gratige C Addition	
STREET ADDRESS	The same of the sa				DDRESS		
CITY-ST-ZIP	NOOTH LEAD IN DOLO				1		
TITLE			2.1 TITLE	_		☐ Change ☐ Addition	
NAME	SASLAW, GARY R		2.2 NAME	<u>:</u>			
			2.3 STREE	ET A!	DDRESS	Į.	
CITY-ST-ZIP	AVENTURA FL 33180-1	422 DELETE	2. 4 CITY 3.1 TITLE		- ZIP	Change Addition	
TITLE		ے مدید	3.2 NAME		ĺ	Li Shango Li Postatili	
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CITY-ST-ZIP			5.4 CITY-	ST-	ZIP		
TITLE	·	☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME			į	
STREET ADDRESS			6.3 STREE			1	
CITY-ST-ZIP			6.4 CITY-	<u>-اد</u>	<u> </u>	2	

Thereby certify that the information supplied with this filling 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 changes nor on an attachment with an address.

GNATURE:

SIGNATURE: