

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000070502 (4)**

1. Corporation Name
TIRI TACO, INC.

Principal Place of Business
**1804 KEENLAND CIR.
W. PALM BEACH FL 33415**

Mailing Address
**1804 KEENLAND CIR.
W. PALM BEACH FL 33415**

FILED
Feb 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Home Suite, Apt. #, etc. 22 1804 Keenland Cir. City & State 23 West Palm Beach, FLA. Zip 24 33415		2a. Mailing Address 26 Same as previous Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 08/14/1997	
		4. FEI Number I DON'T HAVE ONE		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TIRILLO, ANTHONY 1804 KEENLAND CIR. W. PALM BEACH FL 33415		10. Name and Address of New Registered Agent 81 Name Anthony Tirillo 82 Street Address (P.O. Box Number is Not Acceptable) 1804 Keenland Cir. 83 84 City West Palm Beach FL 85 Zip Code 33415	
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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

Anthony Tirillo

Signature typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	NO CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRILLO, ANTHONY	1.2 NAME	ON ANYONE all
STREET ADDRESS	1804 KEENLAND CIR.	1.3 STREET ADDRESS	info and addresses are correct
CITY-ST-ZIP	W. PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	" <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUGUERZA, MANUEL	2.2 NAME	
STREET ADDRESS	429 SE 3RD PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	" <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, JOSE A	3.2 NAME	
STREET ADDRESS	5125 S. DALE MABRY HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	" <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIAGA, RICARDO	4.2 NAME	
STREET ADDRESS	4231 LA SORRENTO CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33611	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Anthony Tirillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 968 0078
Daytime Phone # 0320833

CR2E034 (10/97)