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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90260 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000070502

1. Corporation Name
TIRI TACO, INC.

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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/14/1997

4. FEI Number
NOT APPLICABLE

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

2. Principal Place of Business
21 1804 Keenland Cir.
Suite, Apt. #, etc.

2a. Mailing Address
26 1804 Keenland Cir.
Suite, Apt. #, etc.

22 City & State
23 West Palm Beach

27 City & State
28 West Palm Beach

24 Zip 33415 25 U.S.A

29 P.A. 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIRILLO, ANTHONY
1804 KEENLAND CIR.
W. PALM BEACH FL 33415

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

2-6-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME TIRILLO, ANTHONY
STREET ADDRESS 1804 KEENLAND CIR.
CITY-ST-ZIP W. PALM BEACH FL 33415

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME MUGUERZA, MANUEL
STREET ADDRESS 429 SE 3RD PL.
CITY-ST-ZIP DANIA FL 33004

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME SUAREZ, JOSE A
STREET ADDRESS 5125 S. DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL 33611

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ARRIAGA, RICARDO
STREET ADDRESS 4231 LA SORRENTO CT.
CITY-ST-ZIP W. PALM BEACH FL 33611

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: Anthony Tirillo SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-99

Date

561 968 0078

Daytime Phone #

CR2E034 (1/1/98)