

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90030 002 \*\*\*150.00

DOCUMENT # P98000000229

1. Corporation Name  
TINN MANN, INC.

Principal Place of Business  
430 SW 63RD COURT  
MIAMI FL 33144

Mailing Address  
430 SW 63RD COURT  
MIAMI FL 33144



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

650803486

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 tangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7339 W. FLAGLER ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FL

28 City & State

29 Zip

24 33144

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

TITLE PTD ☐ DELETE  
NAME SANCHEZ, JORGE A  
STREET ADDRESS 430 SW 63RD COURT  
CITY-ST-ZIP MIAMI FL 33144

TITLE SD ☐ DELETE  
NAME PEREZ, MARIA Y  
STREET ADDRESS 430 SW 63RD COURT  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/MYS ☒ Change ☐ Addition  
1.2 NAME SANCHEZ, JORGE  
1.3 STREET ADDRESS 7339 W. FLAGLER ST.  
1.4 CITY-ST-ZIP MIAMI, FL 33144

2.1 TITLE TR ☒ Change ☐ Addition  
2.2 NAME PEREZ, MAIRA  
2.3 STREET ADDRESS 430 SW 63 CT  
2.4 CITY-ST-ZIP MIAMI, FL 33144

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME SANCHEZ, GLADYS  
3.3 STREET ADDRESS 430 SW 63 CT  
3.4 CITY-ST-ZIP MIAMI, FL 33144

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME SANCHEZ, MANUEL  
4.3 STREET ADDRESS 7339 W. FLAGLER ST.  
4.4 CITY-ST-ZIP MIAMI, FL 33144

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

6.1 TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

305.963.7436

Daytime Phone #

CR2E034 (11/98)

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