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 Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90074 050 ***158.75

DOCUMENT # P98000029625

1. Corporation Name

TIZIANO ENTERPRISES, INC.

Principal	Place	of	Business
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Mailing Address



		9300 S DIXIE HWY STE 102					
MIAMI FL 33156	MIAMI FL 33156 MIAMI FL 33156				DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed 03/31/1998		
2. Principal Pl	Place of Business 2a. Mailing Address		4. FEI Number	T A	pplied For		
21					650823366/	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	8.75 Additional	
22	27				5. Certifcate of Status Desired	Fee R	equired
City & State				6. Election Campaign Financing	\$5.00	_May_Be	
23	28				Trust Fund Contribution	Added	to Fees
Zip			Count				
24	25 29 30		<u> </u>		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	5	B1 Name	10. Name and Address of New Registered A	deur	_
LISBOA, MARCOS			or Name				
9300 S DIXIE HWY STE 102		ε	Street Address (P.O. Box Number is Not Acceptable)				
MAN	/II FL 33156 ∕		1	B3 .			
			[8	B4 City	FL	85 Zip	Code
11 Durauant 1	to the provisions of Spettons 607 0502	and 607 1908 Florida Statutes	the ahr		rporation submits this statement for the purpose of o	hanging it:	s registered
office or re	egistered agent, or both in the State of	Florida. Such change was auth	orized l	by the corporal	rporation submits this statement for the purpose of cition's board of directors. I hereby accept the appoin	tment as re	egistered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607 USUS, Florida	a Statut	es.			}
SIGNATURE	Signature typed or printed name of registered agent:	and title if applicable (NOTE: Re	nistered A	gent signature regul	ired when reinstating) DATE		—— Ì
12.	OFFICERS AND		13.	goni aignatate red	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	PSD [/]	☐ DELETE	1.1 TITL	E		Change	Addition
NAME	LISBOA, MARCOS M		1.2 NAM	ie .			
STREET ADDRESS	0000 C DIVIE LEADY STE 400		1.3 STR	EET ADDRESS			
CTTY-ST-ZIP	MIAMI FL 33156		1.4 CITY	-ST-ZIP			
TITLE	VTD	☐ DELETE	2.1 TITL			☐ Change	☐ Addition
NAME	LISBOA, IARA T			NAME			J
STREET ADDRESS	0000 C DIVIE LIMV CTE 100			EET AODRESS			ł
CITY-ST-ZIP	MANN EL 20450			Y-\$T-ZIP			
TITLE		☐ DELETE -	3.1 TTL	E - · ·	a a a a a a a a a a a a a a a a a a a	- Change	Addition
NAME			3.2 NAM	rE i	,	-	
STREET ADDRESS	•	·	3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TTTLE		☐ DELETE	4.1 TITU	E	•	Change	☐ Addition
NAME {			4. 2 NA	ME			
STREET ADDRESS		i	4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	/-ST-ZIP			
TITLE	:	☐ DELETE	5.1 TITL	E		☐ Change	☐ Addition
NAME			5.2 NAM			•	
STREET ADDRESS	_			EET ADDRESS	•		
CITY-ST-ZIP				/-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			☐ Change	☐ Addition
NAME			6.2 NAM				
STREET ADDRESS	/			EET ADORESS			}
CITY-ST-ZIP	- /		6.4 CITY	(-ST-ZIP			

14. Thereby certify that the information supplied with this fling 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 of 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 both attachment with an address, with all other life empowered.

SIGNATURE: