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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000084670

1. Corporation Name

TIANY'S SWEETS, INC.

Principal Place of Business
 2323 NORTHWEST 17TH AVENUE
 MIAMI FL 33142

Mailing Address
 2323 NORTHWEST 17TH AVENUE
 MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 05-0866518	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 *Cyda M. Salgado & Mayuly B.*
 82 Street Address (P.O. Box Number is Not Acceptable)
2510 S.W. 23 Terrace
 83 *Miami Fla 33145*
 84 City *FL* 85 Zip Code *33141*

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

Cyda M. Salgado

(NOTE: Registered Agent signature required when reinstating)

4-28-99

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	SALGADO, MAYILE A	DELETED
STREET ADDRESS	2323 NORTHWEST 17TH AVENUE			
CITY-ST-ZIP	MIAMI FL 33142			
TITLE	STD	NAME	SALGADO, ELIO O	DELETED
STREET ADDRESS	2323 NORTHWEST 17TH AVENUE			
CITY-ST-ZIP	MIAMI FL 33142			
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	NAME	Salgado Cyda M.	Change	Addition
1.2 NAME	2323 N.W. 17 Avenue				
1.3 STREET ADDRESS	Miami Fla 33142				
1.4 CITY-ST-ZIP					
2.1 TITLE	VPD	NAME	Salgado Elio O.	Change	Addition
2.2 NAME	2323 N.W. 17 Avenue				
2.3 STREET ADDRESS	Miami Fla 33142				
2.4 CITY-ST-ZIP					
3.1 TITLE	SD.	NAME	Salgado Mayuly B.	Change	Addition
3.2 NAME	2323 N.W. 17 Avenue				
3.3 STREET ADDRESS	Miami Fla 33142				
3.4 CITY-ST-ZIP					
4.1 TITLE		NAME		Change	Addition
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		NAME		Change	Addition
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		NAME		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)(l), 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:

Cyda M. Salgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

(305) 633-4317

Daytime Phone

CR2E034 (11/98)