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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000085575

Mailing Address

TITO EXPRESS, INC.

Principal Place of Business

1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90146 038 ***150.00



	MIAMI FI 33172	mp*
MIAMI FL 33172.	MIAMIFL 33172 151 CRANDON BIVAL	DO NOT WRITE IN THIS SPACE
151 CRANDON Blud #340: MIANI Fl 33149	MIAMI 71 33 149	3. Date Incorporated or Qualifed 10/06/1998
	2a. Mailing Address	4 FEI Number - Applied For
21 26	¬	65-0867369 Not Applicable
- Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired 5. Serviced 5. Service
22	L J CONSTO	1 eo Madarea
City & State	City & State	6. Election Campaign Financing \$5.00 May Be
23 28		Trust Fund Contribution Added to Fees
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24 25 29 9. Name and Address of Current Reg	Y	10. Name and Address of New Registered Agent
Q4 Noma		
CORONADO, RAMONA Diez Roberto C. 10 Name Rob		
-7380 CORAL WAY (AT L'YAN DON DINOLE)		
- SUITE 21 - Mi An	ui Fl 33149 83	
MIAMI FL 99155	84 City	85 Zip Code
		FL '
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 DIS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PVSD	DELETE 1,1 TITLE	☐ Change ☐ Addition
NAME DIEZ. ROBERTO C	1.2 NAME	
STREET ADDRESS 151 CRANDON BLVD. #340	1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 39172 33 149	1.4 CITY+ST-ZIP	
TITLE	DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	Change Addition
TITLE	DELETE 3.1 TITLE	Consider Discussion
NAME	, 3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4. CITY-ST-ZIP DELETE 4.1 TITLE	Change Addition
TITLE NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
\	0.4 0111-01-211	
TITLE	DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME AND		☐ Change ☐ Addition
	☐ DELETE 6.1 TITLE	☐ Change ☐ Addition

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 informati 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.