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

DOCUMENT # P98000086235

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

TULAMAR ENTERPRISES, INC.

Principal Place of Business Mailing Address							-{ 1,1381/40/11:0 10:0/1/10/1/10/1/10/1/10/1/10/1/1	11) (88)	
10300 SUNSET DR		10300 SUNSET DR							
STE. 340		STE. 340					DO NOT WRITE IN THIS SPACE		
MIAMI FL 33173		MIAMI FL 33173					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
							10/08/1998		
A Drivering D	ace of Business	2a. Mailing Address	<u>.</u>			—	4 FEI Number Applied	For	
-	ace or pusiness	26					65-0867829 Not App		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				✓ \$8.75 Additi		
22			The second secon				5. Certificate of Status Desired Fee Require	ed	
City & State		City & State				6. Election Campaign Financing \$5.00 May	Be		
23		28					Trust Fund Contribution Added to Fees Added to Fees		
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible	.	
24	25	29	30				Personal Property Tax.	lo	
	9. Name and Address of Curre	nt Registered Agent		1			10. Name and Address of New Registered Agent		
6 81 16 7	TANED MADIO			81	Name				
MUNTANER, MARIO				82	Street	reet Address (P.O. Box Number is Not Acceptable)			
	9 SW 103RD LANE								
MIAIV	AI FL 33186			83					
				84	City		FL 85 Zip Code		
				Ш				etered	
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 age	nt and title if applicable. (NOT	E: Registered	i Ageni	t signature n	equired	d when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		
TITLE	PSD .	☐ DELETE	1.1 TITLE				☐ Change ☐	Addition	
NAME	MUNTANER, MARIO		1.2 NAJ					}	
STREET ADDRESS	11829 SW 103RD LANE				STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186				CITY-ST-ZIP		☐ Change	Addition	
TITLE				2.1 TITLE			☐ Gitanije [_	7 700110011	
NAME			2.2 N			1			
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NAME			3.2 N					{	
STREET ADDRESS					ADDRESS			ĺ	
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TITLE				AME					
NAME					ADDDECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 C	ITY-S	1-417	 	☐ Change	Addition	
TITLE			5.1 I				· · · · · · · · · · · · · · · · · · ·	1	
NAME PTDEET ADODESS					ADDRESS	['			
STREET ADORESS				:TY-S					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T			—	☐ Change	Addition	
NAME			6.2 N	AME				ŀ	
STREET ANDRESS			6.3 S	TREET	ADDRESS	1			

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 on the received 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 part an attachment with an address, with all other like empowered. SIGNATURE

6.4 CITY-ST-ZIP

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90014 018 ***158.75