

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 MAY -1 AM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # S57014 (0)**

1. Corporation Name

T.I.P. ENTERPRISES, INC.

Principal Place of Business

**451 NE 207 LN
S204
N MIAMI BCH FL 33179**

Mailing Address

**1980 SW 133 TERR.
MIAMI FL 33027**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/04/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0269593

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional****Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1880 SW 133 Terr

2a. Mailing Address

26 1880 SW 133 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI, FL**27 MIAMI, FL**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24 33027**25 U.S.A****29 33027****30 USA**

9. Name and Address of Current Registered Agent

**RAMOS, JORGE H., ESQUIRE
2250 S.W. 3RD AVENUE
THIRD FLOOR
MIAMI FL 33129**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

**1 D
Perez, Tomas I.
451 NE 207 LN S204
N MIAMI BEACH FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information reflected 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tomas Perez**2-21-95 (205) 438-5805**