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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$74015

(6)

TIRADO, INC.

Principal Place of Business Mailing Address ATALLONODALE ODGE

FILED Jan 29 1997 8:00am Secretary of State



ORLANDO FL		ORLANDO FL 32817-3137						
					3. Date incorporated or Qualified 08/15/1991	3a. Date o		Report
2. Principal F	lace of Business	2a. Mailing Address	2a. Mailing Address			1 00,00,		pplied For
21		26	26			Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	le	City & State	***************************************		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country Zip		Country		8. This corporation has liability for	intangible tax	under s	s. 199.032.
24	25		30			Yes 🔲 N		,
	9. Name and Address of Cu	rrent Registered Agent		7	10. Name and Address of New Re	gistered Age	nt	
	ado, Benjamin		81	Name				
	1 LOMSDALE CR		82	Street Add	dress (P.O. Box Number is Not Acceptat	alo)		······································
ORL	ANDO FL 32817		83		mess (1.0. dox number is not Acceptat			······································
			84	City		FL	5 Zip	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607 1508, Florida Statute	s, the abov	e-named cor	poration submits this statement for the p	ourpose of cha	anging i	ts registered
office of a	registered agent, or both, in the S am familiar with, and accept the o	state of Florida. Such change was a obligations of, Section 607 0505. Flo	uthorized b rida Statute	y the corpora s	poration submits this statement for the patients board of directors. I hereby access	ot the appoint	ment as	registered
			The Dialott	•				
SIGNATURE	Signature typed or primed one college fore	ed agent and title d'applicable (NOTE	: Registered Ag	ent signature requ	ired when reinstating)	DATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12.	``` ``````````````````````````````	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition
NAME	TIRADO, BENJAMIN		1.2 NAME					
STREET ADDRESS	4741 LONSDALE CIRCLE		1.3 STREE	ADDRESS				
CITY - \$1 - 7(P	ORLANDO FL		1.4 CITY-1	ST-ZIP				
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME			 -	•	
STREET ADDRESS			2.3 STREE	ADORESS				
CITY-ST-ZIP			2.4 CITY-					
TITLE		☐ DELETE	3.1 TITLE	31-211			Change	Addition
NAME			3.2 NAME			•	g-	
STREET ADDRESS			3.3 STREET	ADOREGG				
CITY-ST-ZIP	1		3.4. CiTY-	i	高型 特别	1235,0500	Marie Co.	
TITLE		DELETE	4.1 TITLE	31-211			Change	Addition
NAME			4.2 NAME					tand . wateroll
STREET ADDRESS			4.3 STREET					
CITY-S1-ZiP			4.4 CITY - 1					
TITLE		DELETE	5.1 TITLE	ER			Change	Addition
NAME			5.2 NAME				- miller	
STREET ADORESS			53 STREET	ADDRESS				
CITY-ST-ZIF			54 CITY - 5					
TITLE		☐ DELETE	61 TITLE	11 - EB			Change	Addition
NAME			6.2 NAME			اسا	อาสเปรีย	Monnon
STREET ADDRESS				ADDRESS				
CITY - ST - ZIP			6.3 STREET					
UIT-31-70'	1		6.4 CITY-	31-ZIP				

14. I do 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name