

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

**FILED**

**May 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L78495** (3)  
1. Corporation Name  
**TIGERTAIL CORPORATION**



Principal Place of Business: **2715 TIGERTAIL AVE STE 408 MIAMI FL 33133 US**  
Mailing Address: **1627 BRICKELL AVE APT 1101 MIAMI FL 33129-1249 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/07/1990**  
3a. Date of Last Report: **04/16/1996**  
4. FEI Number: **65-0207101**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**BENITEZ, VILMA  
1627 BRICKELL AVE  
APT 1101  
MIAMI FL 33129**

81 Name: **VILMA BENITEZ**  
82 Street Address (P.O. Box Number is Not Acceptable): **2490 CORAL WAY, 5TH FLOOR**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33145**

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: *Vilma Benitez* **VILMA BENITEZ, PRESIDENT** 2/4/97

12. OFFICERS AND DIRECTORS

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>BENITEZ, VILMA</b>              |                                 |
| STREET ADDRESS | <b>1627 BRICKELL AVE, APT 1101</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> DELETE |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> DELETE |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> DELETE |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                  |  |
|--------------------|------------------|--|
| 1.1 TITLE          | <b>PRESIDENT</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                  |  |
| 1.3 STREET ADDRESS |                  |  |
| 1.4 CITY-ST-ZIP    |                  | <b>33129</b>   |
| 2.1 TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                  |  |
| 2.3 STREET ADDRESS |                  |  |
| 2.4 CITY-ST-ZIP    |                  |  |
| 3.1 TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                  |  |
| 3.3 STREET ADDRESS |                  |  |
| 3.4 CITY-ST-ZIP    |                  |  |
| 4.1 TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                  |  |
| 4.3 STREET ADDRESS |                  |  |
| 4.4 CITY-ST-ZIP    |                  |  |
| 5.1 TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                  |  |
| 5.3 STREET ADDRESS |                  |  |
| 5.4 CITY-ST-ZIP    |                  |  |
| 6.1 TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Vilma Benitez* **VILMA BENITEZ, PRESIDENT** (305) 381-1555

CR2E034 (9/96)