

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000033302 (8)**

1. Corporation Name:

TIGERSIDE INVESTMENT CORP.

Principal Place of Business

**5451 S.W. 80TH STREET
MIAMI FL 33143**

Mailing Address

**5451 S.W. 80TH STREET
MIAMI FL 33143**

FILED **FILED**
Feb 01, 1996 08:00 AM **Feb 01, 1996 08:00 AM**
Secretary of State **Secretary of State**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

02/07/1995

4. FET Number

65-0488792

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
SUITE 1600
MIAMI FL 33131**

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 of Agent or Director (if applicable)

Signature of Agent or Director (if applicable)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME

**PSD
DE MAGALHAES PINTO, EDUARDO
701 BRICKELL AVENUE, #1250
MIAMI FL 33131**

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

**V
FREIRE DUARTE, ROBERTO
701 BRICKELL AVENUE, #1250
MIAMI FL 33131**

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

**V
BACCI, GILSON
701 BRICKELL AVENUE, #1250
MIAMI FL 33131**

☒ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

**VAS
DE MAGALHAES PINTO, GUSTAVO
701 BRICKELL AVENUE, #1250
MIAMI FL 33131**

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

1/25/96 305-5397718

CR2E034 (12/95)