

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

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



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

95 APR 18 PM 6:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L78495 (3)

1. Corporation Name

TIGERTAIL CORPORATION

Principal Place of Business

Mailing Address

% VILMA BENITEZ  
2715 TIGERTAIL AVE. #408  
MIAMI FL 33133  
US

% VILMA BENITEZ  
1627 BRICKELL AVE. APT 1101  
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/07/1990

3a. Date of Last Report

03/31/1994

4. FEI Number

65-0207101

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

2858 NW 79th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Miami FL

Zip

Country

Zip

Country

24

25

29

33122

30

USA

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

BENITEZ, VILMA  
1627 BRICKELL AVE  
APT 1101  
MIAMI FL 33129

81

Name Benitez Vilma

82

Street Address (P.O. Box Number is Not Acceptable)  
2858 NW 79th Ave

83

84

City Miami

FL

85

Zip Code 33122

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 the filer (application)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BENITEZ, VILMA  
1627 BRICKELL AVE  
MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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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 110.07(3)(b), 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

4/10/95

305-594-7878