

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



Principal Place of Business

Mailing Address

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

2858 NW 79 AVE
MIAMI FL 33122
US

3. Date Incorporated or Qualified
06/07/1990

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **2715 TIGERTAIL AVE**
22 Suite, Apt. #, etc.
408

26 **1627 BRICKELL AVE**
27 Suite, Apt. #, etc.
1101

23 City & State
MIAMI, FL

28 City & State
MIAMI, FL

24 Zip
33133

25 Country
USA

29 Zip
33129

30 Country
USA

4. FEI Number
65-0207101

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

BENITEZ, VILMA
2858 NW 79 AVE
MIAMI FL 33122

81 Name
BENITEZ, VILMA
82 Street Address (P.O. Box Number is Not Acceptable)
1627 BRICKELL AVE
83 **#1101**
84 City
MIAMI

85 Zip Code
FL 33129

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

(Signature of Registered Agent required, when transferring title)

4/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **BENITEZ, VILMA**
STREET ADDRESS **2858 NW 79 AVE**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **D.** ☒ Change ☐ Addition
1.2 NAME **BENITEZ, VILMA**
1.3 STREET ADDRESS **1627 BRICKELL AVE #1101**
1.4 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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:

Vilma Benitez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

594-7878

Telephone Number

CR2E034 (12/95)