

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 # J62354 (2)

1. Corporation Name
TUMBACO, INC.



Principal Place of Business

Mailing Address

7855 N.W. 12TH ST.
#115
MIAMI FL 33126-8036

7855 N.W. 12TH ST.
#115
MIAMI FL 33126-8036

3. Date Incorporated or Qualified
03/18/1987

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-2782519

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

JAWREGUI, MARIA EUGENIA

6520 SW 46 STREET
MIAMI FL 33155

6120 SW 57 ST.
MIAMI, FL 33143

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

W. Eugenia Jawregui - MARIA E. JAWREGUI - MANAGING DIRECTOR -

Signature, typed, printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME DIEZ, GANGOTENUDE DE
STREET ADDRESS STREET ANTONIO FLORES JIGON #20
CITY-ST-ZIP QUITO EC

TITLE D ☐ DELETE
NAME DIEZ, EDUARDO
STREET ADDRESS STREET ANTONIO FLORES JIGON #20
CITY-ST-ZIP QUITO EC

TITLE D ☐ DELETE
NAME LANGPAP, GUNTER
STREET ADDRESS HIDALGO DE PINTO 788
CITY-ST-ZIP QUITO EC

TITLE D ☒ DELETE
NAME ALVAREZ, FERNANDO X.
STREET ADDRESS 2290 W. MARION AVENUE
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

Daytime Phone #

CR2E034 (12/95)