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 # K78525 (8)

1. Corporation Name
TICANO'S INC.

Principal Place of Business	Mailing Address
3984 WEST 12TH AVENUE HIALEAH FL 33012	3984 WEST 12TH AVENUE HIALEAH FL 33012

3. Date Incorporated or Qualified: 04/07/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0113419 ☐ 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

~~RUIZ, GILBERTO A.~~
~~3984 WEST 12TH AVENUE~~
~~HIALEAH FL 33012~~

10. Name and Address of New Registered Agent

81 Name: GILBERTO E. RUIZ
82 Street Address (P.O. Box Number is Not Acceptable): 3984 West 12th AVENUE
83
84 City: HIALEAH **FL** 85 Zip Code: 33012

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 X [signature] DATE Jan 1/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~SD~~	☒ DELETE	1.1 TITLE	SD	☐ Change ☐ Addition
NAME	~~RUIZ, GILBERTO A.~~		1.2 NAME	MARIA TORRES	
STREET ADDRESS	~~3984 WEST 12TH AVENUE~~		1.3 STREET ADDRESS	3984 West 12TH AVENUE	
CITY-ST-ZIP	~~HIALEAH FL~~		1.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33012	
TITLE	~~PTD~~	☒ DELETE	2.1 TITLE	PTD	☐ Change ☐ Addition
NAME	~~RUIZ, ANA J.~~		2.2 NAME	GILBERTO E. RUIZ	
STREET ADDRESS	~~3984 W. 12TH AVE.~~		2.3 STREET ADDRESS	3984 WEST 12TH AVENUE	
CITY-ST-ZIP	~~HIALEAH FL~~		2.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33012	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: X [signature] January 1, A. D. 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)