

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
3984 WEST 12TH AVENUE
HIALEAH FL 33012

Mailing Address
3984 WEST 12TH AVENUE
HIALEAH FL 33012-4105



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
04/07/1989

3a. Date of Last Report
02/27/1996

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

RUIZ, GILBERTO E.

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

[Signature]

(NOTE: Registered Agent signature required when revisiting)

1/4/97

DATE

12. OFFICERS AND DIRECTORS

1. NAME
SD
TORRES, MARIA
2. STREET ADDRESS
3984 WEST 12TH AVENUE
3. CITY - ST - ZIP
HIALEAH FL
4. TITLE
PTD
5. NAME
RUIZ, GILBERTO E
6. STREET ADDRESS
3984 WEST 12TH AVENUE
7. CITY - ST - ZIP
HIALEAH FL
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY - ST - ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY - ST - ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
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96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY - ST - ZIP
100. TITLE

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

1/4/97

DATE

825-3379

License # 1144444

CR2E034 (9/96)