

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005085 (5)

1. Corporation Name

GRUPO TACTICO DE COMBATE CORP.



Principal Place of Business

828 N.W. 3RD ST.
MIAMI FL 33128

Mailing Address

1091 NW 22ND ST
MIAMI FL 33127
US

3. Date Incorporated or Qualified
10/14/1994

3a. Date of Last Report
08/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0528587

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

VICTORERO, JOSE M
1091 NW 22ND ST
MIAMI FL 33127

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jose M Victorero

(NOTE: Registered Agent signature required when reinstating)

4/20/96

12. OFFICERS AND DIRECTORS

TITLE PD DIRECTOR ☐ DELETE
NAME DEL BOSTO, ALBERTO
STREET ADDRESS 2200 NW 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE
NAME BERMEJO, JUAN F
STREET ADDRESS 1740 N.W. N. RIVER DR.
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ DELETE
NAME VICTORERO, JOSE M
STREET ADDRESS 1091 N.W. 22ND ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME MOLINA, ORLANDO
STREET ADDRESS 2151 N.W. 7TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME LUGO, LUIS
STREET ADDRESS 1923 S.W. 2ND ST. APT. 3
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME SOLEDAD CULMENARES
1.3 STREET ADDRESS 1091 NW 22 ST
1.4 CITY-ST-ZIP MIAMI, FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Luis RAMOS
2.3 STREET ADDRESS 7000 SW 26 ST APT 6
2.4 CITY-ST-ZIP Miami, FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME PEDRO ALVAREZ
3.3 STREET ADDRESS 4228 E 10 AVE
3.4 CITY-ST-ZIP Hialeah, FL

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jose M Victorero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

Date

Daytime Phone #

CR2E037 (12/95)