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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005085 (5)**

1. Corporation Name

GRUPO TACTICO DE COMBATE CORP.



Principal Place of Business	Mailing Address
828 N.W. 3RD ST. MIAMI FL 33128	1091 NW 22ND ST MIAMI FL 33127-4525 US

3. Date Incorporated or Qualified 10/14/1994	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0528587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 Victorero

(NOTE: Registered Agent signature required when reinstating)

4/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TREASURER/DIRECTOR
NAME	DEL BOSTO, ALBERTO	1.2 NAME	MANUEL DORAL
STREET ADDRESS	2200 NW 12TH AVE	1.3 STREET ADDRESS	2511 NW 24 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	VD	2.1 TITLE	DIRECTOR
NAME	BERMEJO, JUAN F	2.2 NAME	ERNESTO CROZ
STREET ADDRESS	1740 N.W. N. RIVER DR.	2.3 STREET ADDRESS	2775 NW 41 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	STD PRESIDENT/DIRECTOR	3.1 TITLE	
NAME	VICTORERO, JOSE M	3.2 NAME	
STREET ADDRESS	1091 N.W. 22ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DIRECTOR
NAME	MOLINA, ORLANDO	4.2 NAME	JULIO RAMOS
STREET ADDRESS	2151 N.W. 7TH AVE.	4.3 STREET ADDRESS	1825 NW 45 AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL
TITLE	D	5.1 TITLE	
NAME	LUGO, LUIS	5.2 NAME	
STREET ADDRESS	1923 S.W. 2ND ST. APT. 3	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	SOLEDAD, COLMENARES	6.2 NAME	
STREET ADDRESS	1001 NW 22 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 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 Victorero

Date Daytime Phone # 0028535

CR2E037 (9/96)