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May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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*

Signature of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME ~~BEL BOSTO, ALBERTO~~  
STREET ADDRESS 2200 NW 12TH AVE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE TREASURER/DIRECTOR  Change  Addition  
1.2 NAME MANUEL DORAL  
1.3 STREET ADDRESS 2511 NW 24 ST  
1.4 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

2.1 TITLE DIRECTOR  Change  Addition  
2.2 NAME ERNESTO CROZ  
2.3 STREET ADDRESS 2775 NW 91 ST  
2.4 CITY-ST-ZIP MIAMI, FL

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

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE DIRECTOR  Change  Addition  
4.2 NAME JULIO RAMOS  
4.3 STREET ADDRESS 18725 NW 45 AVE  
4.4 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

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME SOLEDAD, COLMENARES  
STREET ADDRESS 1001 NW 22 STREET  
CITY-ST-ZIP MIAMI FL

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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028535

CFR2037 (9/96)