FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name N9400005085 (5)

GRUPO TACTICO DE COMBATE CORP.

FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			T TOBULET EIN TOUR BONK DION BONK BONN BONK BONK BONK BURN BURN BURN BURN BURN BONK IN THE
828 N.W. 3RD ST. MIAMI FL 33128		1091 NW 22ND ST MIAMI FL 33127			3. Date Incorporated or Qualified
		US			10/14/1994
					4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address			65-0528587 Not Applicable
21		25			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt #, etc		Suile, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29 3	- '		Personal Property Tax due June 30. Yes No
[,	9. Name and Address of Curr				10. Name and Address of New Registered Agent
			81	Name	
VICTORERO, JOSE M			82	Street	Address (P.O. Box Number is Not Acceptable)
	V 22ND ST	OE Shoot Au		3000	raduless (1.0. box radifiber is not acceptable)
MIAMI FI	L 33127		83		
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statutes	, the above	-name	d corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Elocida. 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 appointment as registered agent. I am familiar with, and accept the appointment as registered					
$1 \qquad \uparrow \lambda \qquad \qquad$					
SIGNATURE .	Signifiure Used or printed name of registered a	igent and title if applicable (NOTE i	Registered Age	nt signatu	re required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME .	DORAL, MANUEL		1.2 NAME		
STREET ADDRESS	2511 N.W. 24 ST		1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL	T OF LETT	1.4 CITY - S	T-ZIP	T ALIEU-
TITLE	D COLUZ EDNICOZO	☐ DELETE	2.1 TITLE		Change Addition
NAME OTOTAL ADDRESS	CRUZ, ERNESTO		2.2 NAME		
STREET ADDRESS	3775 N.W. 91 ST. MIAMI FL		2 3 STREET		
CITY-ST-ZIP TITLE	PD PD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	VICTORERO, JOSE M		3.2 NAME		
STREET ADORESS	1091 N.W. 22ND ST.		3.3 STREET	ADORESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY - S		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, JULIE		4. 2 NAME		
STREET ADDRESS	18935 N.W. 45 AVE.		4.3 STREET	ADDRESS	
CITY - ST - ZIP	MIAMI FL		4.4 CITY-S	T-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE		Change
NAME	LUGO, LUIS		5.2 NAME		
STREET ADDRESS	1923 S.W. 2ND ST. APT. 3		5.3 STREET	adoress	
CITY-ST-ZIP	MIAMI FL	I Deleve	5.4 CITY - S	T-ZIP	
TITLE	PD COLMENADEC	☐ DELETE	61 TITLE		Change Addilion
NAME	SOLEDAD, COLMENARES 1923 N.W. 2 ST., #3		6.2 NAME	Innerne	
STREET ADDRESS	1923 N.W. 2 St., #3 MIAMI FL		6.3 STREET		
CITY-ST-ZIP		with this filing does not qualify for	6.4 City-St the exempt		led 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.					
CIONATURE O Chaille Colones					
SIGNATURE: Fre Chelorito 415/98					