

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91052 030 ***155.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000121444

1. Entity Name
TICAL INTERNATIONAL TRANSPORTATION,
INCORPORATED



Principal Place of Business
4775 COLLINS AVENUE
GREEN DIAMOND, UNIT 1201
MIAMI BEACH, FL 33140

Mailing Address
4775 COLLINS AVENUE
GREEN DIAMOND, UNIT 1201
MIAMI BEACH, FL 33140

2. Principal Place of Business

3. Mailing Address

TRANSPORTES INT.TICAL S.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JBC SJO #1425 P.O.BOX 02540

04122004

Chg-P

CR2E034 (10/03)

City & State

City & State

MIAMI, FL

4. FEI Number

51-0503916

Applied For

Not Applicable

Zip

Country

Zip

33102

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, RAYMOND L ESQ.
ROBINSON & ASSOCIATES, P.A.
1501 VENERA AVENUE, SUITE 300
CORAL GABLES, FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME RAMIREZ, LUIS A
STREET ADDRESS 4775 COLLINS AVE. GREEN DIAMOND UNIT 1201
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PS ☐ Delete
NAME RAMIREZ, LUIS G
STREET ADDRESS 4775 COLLINS AVE. GREEN DIAMOND UNIT 1201
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MAROTO GONZALEZ, CLARA I
STREET ADDRESS 4775 COLLINS AVE. GREEN DIAMOND UNIT 1201
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☒ Change ☐ Addition
NAME x CLARA I. MAROTO
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MAROTO, PRISCILLA R
STREET ADDRESS 4775 COLLINS AVE. GREEN DIAMOND UNIT 1201
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☒ Change ☐ Addition
NAME x PRISCILLA RAMIREZ
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A. RAMIREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13th, 2004. 011-506-4375705

Date

Daytime Phone #