

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000002427 (9)

1. Corporation Name

TAKITITA CORPORATION



Principal Place of Business

3664 SW 15TH ST.  
2ND FLOOR  
MIAMI FL 33145

Mailing Address

3664 SW 15TH ST.  
2ND FLOOR  
MIAMI FL 33145

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

NEW CORP.

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0593728

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

ZARAGOZA, ANDRES  
3664 SW 15TH ST.  
2ND FLOOR  
MIAMI FL 33145

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person filing this report (agent and director, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

9. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. 1. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. 1. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. 1. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. 1. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. 1. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINALDO KUBE

Date

Daytime Phone #

3/7/96

(305) 448-0127

CR2E034 (12/95)