

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33145-1030

3. Date Incorporated or Qualified  
01/06/1995

3a. Date of Last Report  
03/14/1996

2. Principal Place of Business

21 P.O. BOX 140971

2a. Mailing Address

26 P.O. BOX 140971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CORAL GABLES, FL.

27 CORAL GABLES, FL.

City & State

City & State

23

28

24 Zip 33114-0971

25 Country U.S.A.

29 Zip 33114-0971

30 Country U.S.A.

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

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

10. Name and Address of New Registered Agent

81 Name

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

130 MENDOZA AVE., SUITE 32

83

CORAL GABLES, FL 33134

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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KUBE, REYNALDO	
STREET ADDRESS	3664 SW 15TH ST., 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEON, YVETTE	
STREET ADDRESS	3664 SW 15TH ST., 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUBE, SALOMON	
STREET ADDRESS	3664 SW 15TH ST., 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KUBE, JORGE	
STREET ADDRESS	3664 SW 15TH ST., 2ND FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

Yvette Leon YVETTE LEON 1/29/97 (305) 448-0127

Date

Daytime Phone #

0202138

CR2E034 (9/96)