

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000045640 (6)

1. Corporation Name

TINOCO ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1921 S KIRKMAN RD #215
ORLANDO FL 32811

1921 S KIRKMAN RD #215
ORLANDO FL 32811



2. Principal Place of Business

21 2212 S. Chickasaw Trail

2a. Mailing Address

26 2212 S. Chickasaw Trail

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

23 City & State
Orlando, Florida

28 City & State
Orlando, Florida

24 Zip
32825

25 Country
U.S.A.

29 Zip
32825

30 Country
U.S.A.

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

4. FEI Number

59-3337081

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

BALESTRINI, ADRIANA M
1921 S KIRKMAN RD #215
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name
Gustavo A. TINOCO

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

2212 S. Chickasaw Trail

83

84 City
Orlando

FL

85 Zip Code
32825

11. Pursuant to the provisions of Sections 607.0602 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 the applicable

Gustavo A. TINOCO

(NOTE: Registered Agent's signature required when re-statuting)

08/15/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME BALESTRINI, ADRIANA M
STREET ADDRESS 1921 S KIRKMAN RD #215
CITY-ST-ZIP ORLANDO FL 32811

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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***233.75

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)(b), Florida Statutes, 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/96 (407) 3842224

CR2E034 (3/96)