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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023687

1. Corporation Name
TICSA ENTERPRISES INC.

Principal Place of Business
10637 N KENDALL DR SUITE 7-F
MIAMI FL 33176

Mailing Address
10637 N KENDALL DR SUITE 7-F
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/12/1996

4. FEI Number
65-0673609
☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

	2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	21 16364 S.W. 97 ST.	26 10701 HAMMOCKS BLVD
City & State	22	27 153-433
Zip / Country	23 MIAMI FL.	28 MIAMI - FLORIDA
	24 33196 25 MIAMI-DADE	29 33196 30 MIAMI-DADE

9. Name and Address of Current Registered Agent

RESTREPO, ALEJANDRA
15054 S.W. 104 STREET
SUITE 1709
MIAMI FL 33196
NEW ADDRESS

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 16364 SW. 97 ST.
83
84 City MIAMI FL 85 Zip Code 33196

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		☐ DELETE			☐ Change ☑ Addition
TITLE	DPT		1.1 TITLE	V/S	
NAME	VELEZ, OSCAR		1.2 NAME	ALEJANDRA RESTREPO	
STREET ADDRESS	10637 N KENDALL DR SUITE 7-F		1.3 STREET ADDRESS	16364 SW. 97 ST	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	MIAMI FL 33196	
		☐ DELETE			☐ Change ☐ Addition
TITLE	V/S		2.1 TITLE		
NAME	ALEJANDRA RESTREPO		2.2 NAME		
STREET ADDRESS	16364 SW. 97 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL. 33196		2.4 CITY-ST-ZIP		
		☐ DELETE			☐ Change ☐ Addition
TITLE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
		☐ DELETE			☐ Change ☐ Addition
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
		☐ DELETE			☐ Change ☐ Addition
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
		☐ DELETE			☐ Change ☐ Addition
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034.(1.1/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 03-08-99 305-388-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AGENTE