

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90226 023 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

Seal of the State of Florida

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 960000 90452 (9)
1. Corporation Name
TICO Advertising Company

Principal Place of Business
990 WEST 22ND ST 990 WEST 22ND ST
HIALEAH FL 33010 HIALEAH FL 33010

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24

3. Date Incorporated or Qualified 10/31/96 3a. Date of Last Report
4. FET Number 65-0623366
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee
8. This corporation has liability for intangible taxes under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ALFREDO CHANG
990 WEST 22ND ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84
85 Zip Code FL

11. Pursuant to the provisions of the laws of the State of Florida, I, the undersigned, being a duly qualified and duly sworn agent, I am familiar with and accept responsibility for the accuracy of the information furnished in this statement for the purpose of changing the corporation's name, and I hereby accept the responsibility for the accuracy of the information furnished in this statement.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	1/0	TITLE	☐ Change ☐ Add
NAME	CHANG ALFREDO	NAME	
STREET ADDRESS	990 WEST 22ND ST	STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33010	CITY, ST, ZIP	
TITLE	5/D MANUAL CHANG	TITLE	☐ Change ☐ Add
NAME	990 WEST 22ND ST	NAME	
STREET ADDRESS	HIALEAH FL 33010	STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	9/D CHANG GUILLERMO	TITLE	☐ Change ☐ Add
NAME	990 WEST 22ND ST	NAME	
STREET ADDRESS	HIALEAH FL 33010	STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information indicated above is true and correct and that the undersigned is a duly qualified and duly sworn agent, I am familiar with and accept responsibility for the accuracy of the information furnished in this statement.

SIGNATURE: Alfredo Chang ALFREDO CHANG 4/29/99

305-883-1071