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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90048 047 ***150.00

DOCUMENT #	V38040
1. Corporation Name	100010

TICKER TAPE FINANCIAL SERVICES, INC.

Principal Place of Business 1050 W. 47TH STREET

Mailing Address

1050 W. 47TH STREET

MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed <u>05/2</u>1/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0335336 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required. 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zio This corporation owes the current year Intangible □No 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GONZALEZ, HUMBERTO J. Street Address (P.O. Box Number is Not Acceptable) 82 1050 W. 47TH STREET MIAMI BEACH FL 33140 83 City 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 title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DIRECTOR Change DELETE al mile TITLE President & CEO GONZALEZ, HUMBERTO J. 1.2 NAME NAME 1050 W. 47TH STREET 1.3 STREET ADDRESS STREET ADDRESS SAME MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 2111ILE EXECUTIVE U.P. **VPS** TITLE LOPEZ-GONZALEZ, M CARMEN 2.2 NAME NAME SAME 1050 W 47 ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI BCH FL 33140 -2:4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIF CITY-ST-ZIP 6.1 TITLE Change ☐ Addition □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cha

SIGNATURE:

CR2E034 (11/98)