

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000037879

**Entity Name:** GRUPO TICAL HOLDING, INC.**Current Principal Place of Business:**7205 NW 19TH STREET  
SUITE 404  
DORAL, FL 33126**Current Mailing Address:**7205 NW 19TH STREET  
SUITE 404  
DORAL, FL 33126 US**FEI Number:** 27-2762625**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OSES, ALBERT  
7205 NW 19TH STREET  
SUITE 404  
MIAMI, FL 33126 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	RAMIREZ, LUIS A
Address	7205 NW 19TH STREET SUITE 404
City-State-Zip:	MIAMI FL 33126

Title	VPD
Name	RAMIREZ, LUIS G
Address	7205 NW 19TH STREET SUITE 404
City-State-Zip:	MIAMI FL 33126

Title	STD
Name	OSES, ALBERT
Address	7205 NW 19TH STREET SUITE 404
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	MAROTO GONZALEZ, CLARA ISABEL
Address	7205 NW 19TH STREET SUITE 404
City-State-Zip:	MIAMI FL 33126

Title	T
Name	OSES, ALBERT
Address	7205 NW 19TH STREET SUITE 404
City-State-Zip:	DORAL FL 33126

Title	VP
Name	RAMIREZ-MAROTO, PRISCILLA
Address	7205 NW 19TH STREET SUITE 404
City-State-Zip:	DORAL FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERT OSES**SECRETARY****01/18/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date