

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000037879

**Entity Name:** GRUPO TICAL HOLDING, INC.

**Current Principal Place of Business:**

5900 S LEJEUNE RD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

P0 BOX 141853  
CORAL GABLES, FL 33114 US

**FEI Number:** 27-2762625

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

OSES, ALBERT  
5900 S LEJEUNE RD  
CORAL GABLES, FL 33146 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 PO BOX 141853  
City-State-Zip: CORAL GABLES FL 33114

Title VPD  
Name RAMIREZ, LUIS G  
Address PO BOX 141853  
City-State-Zip: CORAL GABLES FL 33114

Title STD  
Name OSES, ALBERT  
Address PO BOX 141853  
City-State-Zip: CORAL GABLES FL 33114

Title VP  
Name MAROTO GONZALEZ, CLARA ISABEL  
Address PO BOX 141853  
City-State-Zip: CORAL GABLES FL 33114

Title VP  
Name RAMIREZ-MAROTO, PRISCILLA  
Address PO BOX 141853  
City-State-Zip: CORAL GABLES FL 33114

*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

**DIRECTOR/ SECRETARY** 02/05/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date