

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000037879

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

**Current Principal Place of Business:**

7205 NW 19TH STREET  
SUITE 404  
MIAMI, FL 33126

**FILED**  
**Feb 19, 2013**  
**Secretary of State**  
**CC8512885425**

**Current Mailing Address:**

7205 NW 19TH STREET  
SUITE 404  
MIAMI, FL 33126 US

**FEI Number:** 27-2762625

**Certificate of Status Desired:** No

**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 MAROTO, PRISCILLA R  
Address 7205 NW 19TH STREET  
SUITE 404  
City-State-Zip: MIAMI 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

**STD**

**02/19/2013**

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

\_\_\_\_\_  
Date