

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000037879

Entity Name: GRUPO TICAL HOLDING, INC.**Current Principal Place of Business:**6100 BLUE LAGOON DRIVE
SUITE 140
MIAMI, FL 33126**Current Mailing Address:**6100 BLUE LAGOON DRIVE
SUITE 140
MIAMI, FL 33126 US**FEI Number:** 27-2762625**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OSES, ALBERT
6100 BLUE LAGOON DRIVE
SUITE 140
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	6100 BLUE LAGOON DRIVE SUITE 140
City-State-Zip:	MIAMI FL 33126

Title	VPD
Name	RAMIREZ, LUIS G
Address	6100 BLUE LAGOON DRIVE SUITE 140
City-State-Zip:	MIAMI FL 33126

Title	STD
Name	OSES, ALBERT
Address	6100 BLUE LAGOON DRIVE SUITE 140
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	MAROTO GONZALEZ, CLARA ISABEL
Address	6100 BLUE LAGOON DRIVE SUITE 140
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	RAMIREZ-MAROTO, PRISCILLA
Address	6100 BLUE LAGOON DRIVE SUITE 140
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

VP & SECRETARY

03/12/2018

Electronic Signature of Signing Officer/Director Detail_____
Date