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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K19102

(8)

1. Corporation Name

TROPICAL RAINFORESTS, INC.



Principal Place of Business

C/O MICHAEL SARKA
71 BRONSON AVE. #11
DELRAY BEACH FL 33483

Mailing Address

C/O MICHAEL SARKA
71 BRONSON AVE. #11
DELRAY BEACH FL 33483-6915

2. Principal Place of Business

21 8245 WHITE ROCK CIRCLE

Suite, Apt. #, etc.

22 City & State

23 BOYNTON BCH FLA

Zip

24 33436

Country

25 PALM BCH

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 BOYNTON BCH FLA

Zip

29 33436

Country

30 FLA

3. Date Incorporated or Qualified

03/23/1988

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0057730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SARKA, MICHAEL
71 BRONSON AVE. #11
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8245 WHITE ROCK CIRCLE

83

84 City

BOYNTON BCH

FL

85 Zip Code

33436

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SARKA, MICHAEL
STREET ADDRESS 71 BRONSON AVE #11
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8245 WHITE ROCK CIRCLE
BOYNTON BCH, FLA. 33436

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DIRECTOR
ALEXANDRA SARKA
8245 WHITE ROCK CIRCLE
BOYNTON BCH, FLA. 33436

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0336186

CR2E034 (9/96)