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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M58637** (3)

1. Corporation Name

TROPICAL TIME, INC.

Principal Place of Business

Mailing Address

C/O ELIAHU BENSHMUEL
16300 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162-4879

C/O ELIAHU BENSHMUEL
16300 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162-4879



2. Principal Place of Business

2a. Mailing Address

21 152 NE 167th Street

26 152 NE 167th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2ND Floor

27 2ND Floor

City & State

City & State

23 N. Mia. Bch, FL

28 N. Mia. Bch, FL

Zip Country

Zip Country

24 33162

25

29 33162

30

9. Name and Address of Current Registered Agent

BENSHMUEL, ELIAHU
16300 NE 19TH AVENUE
NORTH MIAMI BEACH FL 33166

81 Name

Eliahu Ben-Shmuel

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

152 NE 167th Street

83

2ND Floor

84 City

N. Mia. Bch,

FL

85 Zip Code

33162

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 date if applicable

(NOTE: Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BENSHMUEL, ELIAHU
STREET ADDRESS 16300 N.E. 19TH AVENUE
CITY- ST- ZIP N. MIAMI BEACH FL

TITLE D ☐ DELETE
NAME BEN-SHMUEL, LIOR
STREET ADDRESS 16300 N.E. 19TH AVENUE
CITY- ST- ZIP N. MIAMI BEACH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

Ben-Shmuel
152 NE 167TH Street 2ND Floor
N. Mia. Bch, FL 33162

☒ Change ☐ Addition

152 NE 167th Street 2ND Floor
N. Mia. Bch, FL 33162

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

CR2E034 (12/95)