FILE NOW; PLUS FEE AFTER MAY 1 TO AVOID

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:42

DOCUMENT # 328209 (2)

1. Corporation Name
TROPICAIRE FLEA MARKET, INC.

Principal Place of Business
10760 SW 62 TERR
MIAMI FL 33173
US

Mailing Address
10760 SW 62 TERR
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1968
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1208537 — 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
MILLER, JAMES A, SR
10760 SW 62 TERR
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, SHIRLEY HELEN	1.2 NAME		
STREET ADDRESS	10760 S W 62 TERR	1.3 STREET ADDRESS		
CITY ST ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, J A, SR	2.2 NAME		
STREET ADDRESS	10760 S W 62 TERR	2.3 STREET ADDRESS		
CITY ST ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	MCCOMAS, D K	3.2 NAME		
STREET ADDRESS	9901 S W 87 COURT	3.3 STREET ADDRESS	RETIRED	
CITY ST ZIP	MIAMI, FL 00000	3.4 CITY ST ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JAYME S.	4.2 NAME		
STREET ADDRESS	10760 SW 62 TERR	4.3 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

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)(b), 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 addition.

SIGNATURE: JAMES Miller — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3-23-95 Date — 305 274-4312 (Daytime Phone #)

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