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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
03/29/1968

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, JAMES A. SR
10760 SW 62 TERR
MIAMI FL 33173

1 Name

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

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 required for principal officer or registered agent and for all applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

MILLER, SHIRLEY HELEN

1.2 NAME

STREET ADDRESS

10760 S W 62 TERR

1.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI, FL 00000

1.4 CITY-STATE-ZIP

TITLE

PD

☐ DELETE

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-STATE-ZIP

MIAMI, FL 00000

2.4 CITY-STATE-ZIP

TITLE

VD

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

MILLER, JAYME S.

3.2 NAME

STREET ADDRESS

10760 SW 62 TERR

3.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI FL

3.4 CITY-STATE-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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)(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: JAMES Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 (305) 274 4312
Date Daytime Phone

CR2E034 (12/95)