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**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 APR -6 AM 9:27

DOCUMENT # 375218 (5)

1. Corporation Name

TROPICAL FROZEN DISTRIBUTORS INC.

Principal Place of Business

**13161 NW 43 AVE
OPA LOCKA FL 33054**

Mailing Address

**13161 NW 43 AVE
OPA LOCKA FL 33054**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1971

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1313356

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALARRAGA, JOSE IGNACIO
9704 SW 1 TERR
MIAMI FL 33174**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

GALARRAGA, JOSE I.

STREET ADDRESS

9704 SW 1ST TERR

CITY - ST - ZIP

MIAMI FL

TITLE

VD

NAME

PUNG, RAGUEL

STREET ADDRESS

1411 SW 58 STREET

CITY - ST - ZIP

CORAL GABLES FL

TITLE

SD

NAME

GALARRAGA, EMMAL

STREET ADDRESS

9704 SW 1ST TERR

CITY - ST - ZIP

MIAMI FL

TITLE

TD

NAME

PUNG, MIRTA

STREET ADDRESS

1411 SW 58 ST

CITY - ST - ZIP

CORAL GABLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 resolver 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 addressee.

SIGNATURE: X Jose Ignacio Galarraga JOSE I. GALARRAGA - PRESIDENT

- 3/31/95 - 688-3829

SIGNATURE AMPLIFIED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR