SECOND MOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

TROPICAL CARTAGE CORPORATION

FILED Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90010 007 ***150.00



SA73 NW 72ND AVE	Principal Place	e of Business	Mailing Address		ם וופנס ווסו שופון נפונו פספוו שווום שווום פוופטו י	igi) givil alah divil givil 1891		
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9. Name and Address of Current Registered Agent HERNANDEZ, ROLANDO V 5473 NW 72ND AVE MIAMI FL 33166 84 City		Country	Zip	Country	8. This corporation owes the current year			
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable Acceptable (P.O. Box Number is Not Acceptable (P.O. Box Number is Not Acceptable (P.O.				81 Name				
MIAMI FL 33166 12.8.51 S, w. 79 ST								
MAMI FL 33168 83								
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 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, 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 and too it registered agent. I registered agent and too it registered agent and too it registered agent and too it registered agent. I registered agent and too it registered agent	MIAN	VII FL 33166						
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SIGNATURE Signature, byoad or printed name of registated agent and title if applicable. (NOTE: Registatered Agent signature required when reintating). DATE	office or i	registered agent, or both, in the State o	f Florida. Such change was autl	horized by the corporatio	on's board of directors. I hereby accept the appoir	ntment as registered		
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	CITY-ST-ZIP	ortify that the information cumulied with a	sie filing does not qualify for the		ion 119 07/3/(i) Florida Statutes I further certifu t	hat 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 conforation 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 langed, or on an attachment with an address.

SIGNATURE

July 29, 1999

Florida Dept. of State Annual Reports Filing P O Box 1500 Tallahassee, Fl. 32302-1500

Att: Katherine Harris Secretary of state

Dear Ms. Harris:

Enclosed is our annual report for 1999. We did not receive any notice before this one. Please accept our \$150.00 payment to file for 1999.

We appreciate your kind attention to our request.

Yours truly,

Rolando Hernandez, Pres. Tropical Cartage Corporation

12851. S.W. 74th Street

Miami, Fl 33183