## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 676885

(7)

TROPICAL FOLIAGE FARMS, INC.

(,

Principal Place of Business

Mailing Address

13075 SW 112 AVE MIAMI FL 33176

13075 SW 112 AVE MIAMI FL 33176-4455 FILED Jun 18 1997 8:00am Secretary of State



					<ol> <li>Date Incorporated or Qualified 07/28/1980</li> </ol>	3a. Date of Last Report 04/08/1996
2. Principal Place of Business		2a. Mailing Addr	ross		4. FEI Number	Applied For
21		26			59-2018749	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Co	ountry	8. This corporation has liability for	intangible tax under s. 199.032.
24	25	29	30			☐ Yes ☐ No
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	egistered Agent
	, PETER			81 Name		
13075 S.W. 112TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		nlo)
: MIA	MI FL 33176			or our	Address (1.0. Dox (delinior) is 140; Acceptai	ole)
				83		
				84 City		
-	•			84 City		FI. 85 Zip Code
11. Pursuant	to the provisions of Sections 60'	7.0502 and 607.1508, Florid	da Statutes, the	above-named	corporation submits this statement for the poration's board of directors. I hereby acce	
ayent. i a	registered agent, or both, in the im familiar with, and accept the	State of Florida. Such char obligations of, Section 607.	ige was authoriz 0505, Florida St	ed by the con atutes.	poration's board of directors. Thereby acce	pt the appointment as registered
SIGNATURE	Signature, typed or printed name of register	and sound and title it was proble	/NOTE Projets	and Ament a construct	required when rejustating)	DATe . • •
12,		S AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC	i
TITLE	DP	DE		THIE	ADDITIONS/OFFICE TO OFFICE	Change Addition
NAME	LIU, JOSEPH		1	NAME		
STREET ADDRESS	13075 S.W. 112 AVE.			STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL					
TITLE	DST	DL	···	CITY-S1-ZIP TillE		Change Addition
NAME	LIU, PETER	tand to	1	NAME	•	C change C Xoutton
STREET ADDRESS	13075 S.W. 112 AVE.					
CITY-ST-ZIP	MIAMI FL		•	STREET ADDRESS		
TITLE	77 T T T T T T T T T T T T T T T T T T	DE		CHY-ST-ZIP TITLE		Chones D Addition
NAME		L/C.				☐ Change ☐ Addilion
i				NAME		
STREET ADDRESS				STREET AUDRESS		
CITY-ST-ZIP TITLE		DE		CITY-S1-ZIP		Change Lawre
NAME		∪ ليـــا		TITLE		Change Addition
1				NAME		İ
STREET ADDRESS			•	STREET ADDRESS		
CITY-ST-ZIP TITLE		DE		CITY-ST-ZIP		
		L.J Ut	***	THTLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS			<b>I</b>	STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
YITLE		□ D£		TITLE		Change Addition
NAME			621	NAME		
STREET ADDRESS			635	STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
<ol><li>14. I do hereb</li></ol>	by certify that the information sur	oplied with this filing does r	not qualify for the	e exemption st	tated in Section 119.07(3)(i). Florida Statuto	e. I further certify that the

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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 chapted, or on an attachment with an address.

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