FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -6 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F24844 (5)

1. Corporation Name
TROPICAL JUICE CORPORATION

Principal Place of Business	Mailing Address
1500 NW 23 ST MIAMI FL 33142	1500 NW 23 ST MIAMI FL 33142

3. Date Incorporated or Qualified: 04/15/1981
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2169262 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	10. Name and Address of New Registered Agent
ESQUIVEL, RENE 1500 NW 23 ST MIAMI FL 33142	81 Name: WALLIS G OWENS 82 Street Address (P.O. Box Number is Not Acceptable): 8802 ESTATES DRIVE 83 84 City: WEST PALM BEACH FL 85 Zip Code: 33411

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] 2/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1 1 TITLE	PD ☒ Change ☒ Addition
NAME	ESQUIVEL, RENE	1 2 NAME	WALLIS G. OWENS
STREET ADDRESS	1500 NW 23 ST	1 3 STREET ADDRESS	8802 ESTATES DRIVE
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	WEST PALM BEACH FL 33411
TITLE	STD	2 1 TITLE	TDS ☒ Change ☒ Addition
NAME	ESQUIVEL, ANA	2 2 NAME	KAREN M. OWENS
STREET ADDRESS	1500 NW 23 ST	2 3 STREET ADDRESS	8802 ESTATES DRIVE
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	WEST PALM BEACH FL 33411
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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: [signature] Sec. 2/27/95 305 638-3205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181210 CP