ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F32004 (6)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
TROPICAL BOTANICALS CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~9185 N.W. 101ST STREET~~ ~~MEDLEY FL 33178~~ 8457 NW. 66 St. Miami, Fl. 33166	~~9185 N.W. 101ST STREET~~ ~~MEDLEY FL 33178~~ P.O. Box 520038 Miami, Fl 33152

3. Date Incorporated or Qualified: 04/23/1981
3a. Date of Last Report: 08/11/1994

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

4. FEI Number: 59-2139749 ☐ Applied For ☐ Not Applicable

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

ARAZOZA & COMAS, P.A.
101 MADEIRA AVENUE
CORAL GABLES 33134

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ESTRADA, ALBERTO ~~9185 N.W. 101ST STREET~~ ~~MEDLEY FL~~ 8457 NW. 66 St. Miami, Fl. 33166	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P ESTRADA, ALBERTO 8457 N.W. 66 STREET MIAMI, FL 33166	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~XX~~ ~~XXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXX~~	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D AGUILAR, ALEJANDRO 8457 NW 66 STREET MIAMI, FL 33166	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D REYES, CRISTOBAL 8457 NW 66 STREET MIAMI, FL 33166	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D SARAVIA, SALVADOR A. 8457 N.W. 66 STREET MIAMI, FL 33166	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/11/95 440 4615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALBERTO ESTRADA, PRESID.

0194000 CP