

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F37012

(4)

1. Corporation Name

TROPIC FLOWERS, INC.



Principal Place of Business

2810 NW 79 AVE
MIAMI FL 33122

Mailing Address

2810 NW 79 AVE
MIAMI FL 33122

3. Date Incorporated or Qualified

05/26/1981

3a. Date of Last Report

05/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2096924

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

SOTOLONGO, LUIS H
7100 N.W. 12 ST. SUITE 108
MIAMI FL 33126

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

Signature of the person named as registered agent and the corporation's Secretary, Registered Agent, or Director (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME DUARTE, ANA
STREET ADDRESS 1783 SW 181ST PL, CIR S
CITY-ST-ZIP MIAMI, FL 00000

TITLE VD ☒ DELETE

NAME MORINIGO, NORBERTO
STREET ADDRESS 9020 SW 125TH AVE # 404
CITY-ST-ZIP MIAMI, FL 00000

TITLE T ☒ DELETE

NAME DUARTE, MANUEL
STREET ADDRESS 1783 SW 181ST PL, CIR S
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSD ☐ Change ☐ Addition

12 NAME Hernando Bautista
13 STREET ADDRESS 2810 NW 79 Avenue
14 CITY-ST-ZIP Miami, FL

21 TITLE Ana Duarte - VT ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS 2810 NW 79 Avenue
24 CITY-ST-ZIP Miami, FL

31 TITLE S ☐ Change ☐ Addition

32 NAME Norberto Morinigo
33 STREET ADDRESS 9020 SW 125 Ave # 404
34 CITY-ST-ZIP Miami, FL

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSD

(305) 591-8726

CR2E034 (12/95)