

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90132 050 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F37012**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1981

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 1410 NW 82 AVENUE

27 1410 NW 82 AVENUE

23 City & State

28 City & State

MIAMI-FL

MIAMI-FL

24 Zip Country

29 Zip Country

33126 USA

30 33126 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, 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 PSD  DELETE  
 NAME HERNANDO BAUTISTA  
 STREET ADDRESS 2810 NW 79TH AVE  
 CITY-ST-ZIP MIAMI, FL 00000

1.1 TITLE  Change  Addition  
 1.2 NAME RT. HERNANDO BAUTISTA  
 1.3 STREET ADDRESS 1410 NW 82 AVENUE  
 1.4 CITY-ST-ZIP MIAMI-FL 33126

TITLE VT  DELETE  
 NAME ANA DUARTE  
 STREET ADDRESS 2810 NW 79TH AVE  
 CITY-ST-ZIP MIAMI, FL 00000

2.1 TITLE  Change  Addition  
 2.2 NAME V/S. ANA DUARTE  
 2.3 STREET ADDRESS 1410 NW 82 AVENUE  
 2.4 CITY-ST-ZIP MIAMI-FL 33126

TITLE S  DELETE  
 NAME NORBERTO MORINIGO  
 STREET ADDRESS 9020 SW 125TH AVE #404  
 CITY-ST-ZIP MIAMI FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Hernando Bautista, PD 4/27/99 (205) 591-8726  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

U101054