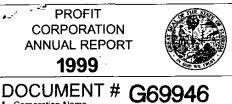
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name TROPICUBA, INC.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90025 004 ***150.00

Mailing Address Principal Place of Business 26314 S.W. 126 CT. 26314 S.W. 126 CT. HOMESTEAD FL 33032 HOMESTEAD FL 33032 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/25/1983 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 9651 S.W. 123 AVENUE 9651 S.W. 123 AVENUE 59-2341495 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FLORIDA MIAMI, Added to Fees MIAMI, FLORIDA 28 Trust Fund Contribution 23 Country Country 8. This corporation owes the current year Intangible Yes 25 30 Personal Property Tax. USA 29 USA <u>33186</u> 33186 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GRACIELA PADRON PADRON, GRACIELA 82 Street Address (P.O. Box Number is Not Acceptable) 2176 S.W. 7TH ST. 9651 S.W. 123 AVENUE 26314 S.W. 126 CT. 83 **HOMESTEAD FL 33032** Zip Code 33186 84 City IMAIM 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE XXChange ☐ Addition 1.1 TITLE TITLE PRESIDENT PARDRON, GRACIELA 1.2 NAME NAME GRACIELA PADRON 26314 S.W. 126TH CT. 1.3 STREET ADDRESS 9651 S.W. 123 AVENUE MIAMI, FLORIDA 33186 STREET ADDRESS HOMESTEAD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition Change 5.1 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

=-=

=430

 $\equiv 10^{11} \, \mathrm{M}_{\odot}$

= ;;. = ;;.

= :5: :5:

= ***

■ 333

CR2E034