

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
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

DOCUMENT # G69946

1. Corporation Name  
TROPICUBA, INC.

Principal Place of Business  
26314 S.W. 126 CT.  
HOMESTEAD FL 33032  
US

Mailing Address  
26314 S.W. 126 CT.  
HOMESTEAD FL 33032  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/25/1983

4. FEI Number  
59-2341495

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  
21 9651 S.W. 123 AVENUE

Suite, Apt. #, etc.

22  
City & State  
23 MIAMI, FLORIDA

Zip Country  
24 33186 25 USA

2a. Mailing Address  
26 9651 S.W. 123 AVENUE

Suite, Apt. #, etc.

27  
City & State  
28 MIAMI, FLORIDA

Zip Country  
29 33186 30 USA

9. Name and Address of Current Registered Agent

PADRON, GRACIELA  
2176 S.W. 7TH ST.  
26314 S.W. 126 CT.  
HOMESTEAD FL 33032

10. Name and Address of New Registered Agent

81 Name  
GRACIELA PADRON  
82 Street Address (P.O. Box Number is Not Acceptable)  
9651 S.W. 123 AVENUE  
83  
84 City MIAMI FL 85 Zip Code 33186

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

TITLE PD  
NAME PARDON, GRACIELA  
STREET ADDRESS 26314 S.W. 126TH CT.  
CITY-ST-ZIP HOMESTEAD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT XX Change ☐ Addition  
1.2 NAME GRACIELA PADRON  
1.3 STREET ADDRESS 9651 S.W. 123 AVENUE  
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33186

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)