

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **H38727**

(4)

1. Corporation Name  
**TROPICAL VALUES, INC.**

Principal Place of Business  
**8000 NW 7TH STREET  
P.O. BOX 525400  
MIAMI FL 33126-4008**

Mailing Address  
**8000 NW 7TH STREET  
P.O. BOX 525400  
MIAMI FL 33126-4008**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/21/1985**

4. FEI Number

**59-2485854**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**BLOUNT, GREGORY L  
8000 NW 7TH STREET  
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **BLOUNT, GREGORY L**  
STREET ADDRESS **9711 WEATHERVANE MANOR**  
CITY-STATE-ZIP **PLANTATION FL**

TITLE **D** ☐ DELETE  
NAME **KRUKLES, ROBERT A**  
STREET ADDRESS **19810 SW 40TH ST - 8000 NW 7th St.**  
CITY-STATE-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **MARTINEZ, MARIO C**  
STREET ADDRESS **8451 N. FEDERAL HIGHWAY, STE. 1021**  
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE  
NAME **FETZER, FRED B**  
STREET ADDRESS **8000 NW 7 ST.**  
CITY-STATE-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **MURRAY, DAVID**  
STREET ADDRESS **8000 N.W. 7 STREET**  
CITY-STATE-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **Nancy Rappaport**  
STREET ADDRESS **8000 NW 7th St**  
CITY-STATE-ZIP **Miami, FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☐ Addition  
1.2 NAME **James Wade**  
1.3 STREET ADDRESS **8000 NW 7th St.**  
1.4 CITY-STATE-ZIP **Miami, FL**

2.1 TITLE **S** ☐ Change ☐ Addition  
2.2 NAME **Nancy Rappaport**  
2.3 STREET ADDRESS **8000 NW 7th St.**  
2.4 CITY-STATE-ZIP **Miami, FL**

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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.

SIGNATURE: **Nancy Rappaport** REQUIRED

**7/8/98 305-245-2404**

CR2E034 (5/98)