

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # J23901 (8)
1. Corporation Name
TROPICAL LANDSCAPE & LAWN SERVICE, INC.



Principal Place of Business

Mailing Address

1840 SW 67TH AVE
MIAMI FL 33155

1840 SW 67TH AVE
MIAMI FL 33155-1832

3. Date Incorporated or Qualified
08/01/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

4. FEI Number

59-2703334

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

DEL RIO, JOSE
108 S.W. 159th Way
SUNRISE, FL 33326

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

(If a corporation, type the name of the officer or director and his or her title.)

(If "Officer" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	☐ DELETE
NAME	DEL RIO, CELSO	
STREET ADDRESS	1840 SW 67TH AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	P	☐ DELETE
NAME	DEL RIO, JOSE	
STREET ADDRESS	1840 SW 67TH AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	P/T	☒ Change ☐ Addition
1.2 NAME	DEL RIO, JOSE	
1.3 STREET ADDRESS	108 S.W. 159 th Way	
1.4 CITY-STATE-ZIP	SUNRISE, FL 33326	
2.1 TITLE	V/S	☒ Change ☐ Addition
2.2 NAME	DEL RIO, CANDIDA	
2.3 STREET ADDRESS	1846 S.W. 67 th Ave.	
2.4 CITY-STATE-ZIP	MIAMI, FL 33155	
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

0210075

CR2E034 (9/96)