FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J32211** **(1)**

1. Corporation Name

COSTA RICAN TROPICAL IMPORTS, INC.

Principal Place of Business	Mailing Address
1403 NE 20TH PL GAINESVILLE FL 32609 US	1403 NE 20TH PL GAINESVILLE FL 32609 US

3. Date Incorporated or Qualified: **09/08/1986**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0193611** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 3854 NW 13 PL
Suite, Apt. #, etc.
22
City & State
23 Gainesville, FL
Zip 24 32605 Country 25 US

2a. Mailing Address
26 3854 NW 13 PL
Suite, Apt. #, etc.
27
City & State
28 Gainesville, FL
Zip 29 32605 Country 30 US

9. Name and Address of Current Registered Agent

FULLER, RICHARD M.
2122 VICTORIA AVENUE
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: Popejoy, Kyle
82 Street Address (P.O. Box Number is Not Acceptable): 3854 NW 13 PL
83
84 City: Gainesville FL 85 Zip Code: 32605

11. Pursuant to the provisions of Section 607.0102 and 607.1504, 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: _____ 4/25/94
Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	POPEJOY, KYLE	
STREET ADDRESS	1701 LITTLE LEAGUE RD	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	STD	☐ DELETE
NAME	POPEJOY, MARGARITA	
STREET ADDRESS	1701 LITTLE LEAGUE RD	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied within this voluntary, non-profit corporation 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.

352-337-2967

SIGNATURE: _____ 4/25/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)