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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K44791** **(7)**

1. Corporation Name
TROPICAL PRODUCTS IMPORT & EXPORT CO.

Principal Place of Business	Mailing Address
777 NW 72 AVE #26B10 MIAMI FL 33126	777 NW 72 AVE #26B10 MIAMI FL 33126-3009

3. Date Incorporated or Qualified: 11/09/1988
3a. Date of Last Report: 04/01/1996

2. Principal Place of Business
21: 2025 LAKE POINT DR
22: Suite, Apt. #, etc.
23: City & State: WESTON, FL
24: Zip: 33326
25: Country: US

2a. Mailing Address
26: 2025 LAKE POINT DR
27: Suite, Apt. #, etc.
28: City & State: WESTON, FL
29: Zip: 33326
30: Country: US

4. FEI Number: 65-0110563 ☐ 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

9. Name and Address of Current Registered Agent

RAMIREZ, LUIS EDUARDO
2025 LAKE POINT DRIVE
NO (#101)
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

31 Name: RAMIREZ, LUIS EDUARDO
32 Street Address (P.O. Box Number is Not Acceptable): 2025 LAKE POINT DRIVE
33
34 City: WESTON FL 85 Zip Code: 33326

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 of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD RAMIREZ, LUIS EDUARDO 159 LAKEVIEW DR #101 FT LAUDERDALE FL	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PSD VP RAMIREZ, LUIS EDUARDO 2025 LAKE POINT DRIVE WESTON FL 33326 VP ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMIREZ, LUIS E 777 NW 72 AVE MIAMI FL	☒ DELETE	21 22 23 STREET ADDRESS 24 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 32 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 42 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 52 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 62 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: X Eduardo Ramirez 3/27/97 3052616207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR — Date — Daytime Phone #