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

DOCUMENT # K48290

1. Corporation Name

TROPIKAR SALES, INC.

Principal Place of Business	Mailing Address
C/O MANUEL FERNANDEZ, JR. 113 N.W. 2ND AVE. FT.LAUDERDALE FL 33311	C/O MANUEL FERNANDEZ, JR. 113 N.W. 2ND AVE. FT.LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
12/01/1988

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 735 N.E. 1 AVE.	26 735 N.E. 1 AVE.	**65-0082786**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23 FORT LAUDERDALE, FL	28 FORT LAUDERDALE, FL		

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No
24 33304	25 U.S.A.	29 33304	30 U.S.A.	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERNANDEZ, MANUEL JR. 113 N.W. 2ND AVE. FT. LAUDERDALE FL 33311	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 735 N.E. 1 AVE. 83 84 City FORT LAUDERDALE FL 85 Zip Code 33304

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME FERNANDEZ, MANUEL JR.		1.2 NAME		
STREET ADDRESS 1113 MANDARIN ISLE		1.3 STREET ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME FERNANDEZ, MANUEL JR.		2.2 NAME		
STREET ADDRESS 1113 MANDARIN ISLE		2.3 STREET ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME LOURDES, FERNANDEZ		3.2 NAME		
STREET ADDRESS 1113 MANDARIN ISLE		3.3 STREET ADDRESS		
CITY-ST-ZIP FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____   4/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)