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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K53504 (2)
1. Corporation Name
CC TROPICALS, INC.



Principal Place of Business

11800 SW 147TH AVE
MIAMI FL 33196
US

Mailing Address

P O BOX 189015
600 W. 20TH ST
MIAMI FL 33116
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 790 NW 107th Ave

Suite, Apt. #, etc.

22 Suite 215

City & State

23 Miami FL

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 790 NW 107th Ave

Suite, Apt. #, etc.

27 Suite 215

City & State

28 Miami FL

Zip

29 33172

Country

30 USA

3. Date Incorporated or Qualified

12/23/1988

4. FEI Number

65-0091954

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

BARLIN, WAYNE A
11800 SW 147TH AVE
MIAMI FL 33196

790 N.W. 107th Ave. Suite 215
Miami, FL 33172

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 President only ☐ DELETE
NAME COULTER, WALLACE H.
STREET ADDRESS 11800 S.W. 147TH AVENUE 15532 SW 115th St
CITY-ST-ZIP MIAMI FL 33176

TITLE Vice President ☐ DELETE
NAME VAN, SUE
STREET ADDRESS 11800 S.W. 147TH AVENUE 15511 SW 106 Terr
CITY-ST-ZIP MIAMI FL DAVIE FL 33324

TITLE ☒ DELETE
NAME MENOUTIS, MONIQUE T
STREET ADDRESS 11800 S.W. 147TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE
NAME PALACINO, RICHARD A
STREET ADDRESS 11800 S.W. 147TH AVENUE
CITY-ST-ZIP MIAMI FL

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 Treasurer + DIRECTOR ☐ Change ☒ Addition
1.2 NAME Susan Racher
1.3 STREET ADDRESS 10303 SW 72nd Avenue
1.4 CITY-ST-ZIP Miami FL 33156

2.1 TITLE Assistant Secretary ☐ Change ☒ Addition
2.2 NAME Eduardo J. Callejas
2.3 STREET ADDRESS 15542 SW 115 St
2.4 CITY-ST-ZIP Miami FL 33196

3.1 TITLE Director, Secretary ☐ Change ☒ Addition
3.2 NAME Wayne A. Barlin
3.3 STREET ADDRESS 9844 SW 124 Terrace
3.4 CITY-ST-ZIP Miami FL 33176

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 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: Wayne A. Barlin 11/198 305 552991

CR2E034 (10/97)