

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
ANGELA B. MORTIMER
GOVERNOR
TALLAHASSEE, FLORIDA

APPROVED
MAY 11 11 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K82781** (1)

TROPIC-DELICIAS, INC.

Principal Office Address
**% MARY LUZ RESTREPO
15985 NW 57TH AVE
MIAMI FL 33014**

Mailing Address
**% MARY LUZ RESTREPO
15985 NW 57TH AVE
MIAMI FL 33014**

2. Foreign Office Numbers
21 % CESAR CHICA
22 1626 AITON Road
23 MB
24 F 33139

28. Mailing Address
26 % CESAR CHICA
27 1626 AITON Road
28 MB FL
29 33139
30 PADE

DO NOT WRITE IN THIS SPACE

3. Expiration Date of Report
04/24/1989

3a. Date of Last Report
08/12/1994

4. FEI Number
65-0207794

Applied For
☐ Not Applicable

5. Certificate of Status Desired
☒

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contributions ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for adoption fees under the 1993 C.R. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**RESTREPO, MARY LUZ
15985 NW 57TH AVE
MIAMI FL 33014**

10. Name and Address of New Registered Agent

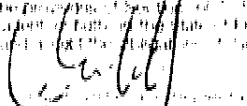
81 Name **CESAR CHICA**

82 Street Address (P.O. Box Number or Post Office)
C/O 1626 AITON Road

83

84 City **MB** **FL** 85 Zip Code **33139**

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the above is a true and correct statement of the corporation's status for the purpose of changing its registered office. I hereby accept the appointment as registered agent for the corporation.

SIGNATURE: 

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. NAME **DST RESTREPO, MARY LUZ**

12b. STREET ADDRESS **15985 NW 57TH AVE**

12c. CITY **MIAMI FL**

12d. STATE **FL**

12e. ZIP CODE **33014**

13a. NAME **P/310 CESAR CHICA**

13b. STREET ADDRESS **C/O 1626 AITON Road**

13c. CITY **MB FL**

13d. STATE **FL**

13e. ZIP CODE **33139**

14. I, the undersigned, certify that the information supplied on this form is voluntarily furnished and is true and correct for the corporation stated on this form. I do not take this statement as further evidence that the corporation is liable for the information supplied on this form. I understand that the corporation shall have the same legal effect as if it were a corporation under the laws of the state of Florida. I understand that the corporation is not a corporation under the laws of the state of Florida. I understand that the corporation is not a corporation under the laws of the state of Florida.

SIGNATURE: 

PRINT NAME AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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