FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **L07339** **(9)**

1. Corporation Name

TROPICAL VILLAGE, INC.

Principal Place of Business	Mailing Address
2655 LE JEUNE RD. STE 1014 908 CORAL GABLES FL 33134	2655 LE JEUNE RD. STE 1014- 908 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0158675	☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. 908	27 Suite, Apt. #, etc. 908
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MALE, MICHAEL H.
3250 MARY STREET
SUITE 303
MIAMI FL FL 33133

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 _____ DATE
Signature, typed or printed name of registered agent, and the date of signature (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	ESPELETA, ALFONSO	12 NAME		
STREET ADDRESS	2655 LE JEUNE RD 1014	13 STREET ADDRESS	2655 Le Jeune Rd #908	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	Zip code 33134	
TITLE	VST	21 TITLE		☒ Change ☐ Addition
NAME	SALVOCH, MANUEL	22 NAME		
STREET ADDRESS	2655 LE JEUNE RD 1014	23 STREET ADDRESS	2655 Le Jeune Rd #908	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Zip code 33134	
TITLE	VST	31 TITLE	V/AS/AT	☒ Change ☐ Addition
NAME	INDERBITZIN, ERNESTO	32 NAME		
STREET ADDRESS	2655 LE JEUNE RD 1014	33 STREET ADDRESS	2655 Le Jeune Rd #908	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	Zip code 33134	
TITLE	VP	41 TITLE	V/AS/AT	☒ Change ☐ Addition
NAME	VALLES, RODOLFO	42 NAME		
STREET ADDRESS	2655 LEJUNE ROAD, #908	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	Zip code 33134	
TITLE	ASV	51 TITLE		☒ Change ☐ Addition
NAME	SERINA, QUIRICO	52 NAME		
STREET ADDRESS	2655 LE JEUNE RD 1014	53 STREET ADDRESS	2655 Le Jeune Rd #908	
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	Zip code 33134	
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	Guerrero, Jose Luis A.	
STREET ADDRESS		63 STREET ADDRESS	2655 Le Jeune Rd #908	
CITY-ST-ZIP		64 CITY-ST-ZIP	Coral Gables, FL 33134	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] -Quirico Serina 4/27/95 305 442 0057
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0141202 CP

L01339

Tropical Village Inc
FEI NO: 65-0158675

Addition ☑

Title: AS
Name: Ofelia Whitaker
Street Address: c/o 2655 Le Jeune Rd #908
City-St-Zip: Coral Gables, Fl. 33134