

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001664	
1. Entity Name GRUPO TROPIC'S INC.	

Principal Place of Business 1501 NE 167TH STREET NORTH MIAMI BEACH, FL 33162	Mailing Address 1501 NE 167TH STREET NORTH MIAMI BEACH, FL 33162
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04202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1136959	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASTILLO, ALFREDO 1501 NE 167TH STREET NORTH MIAMI, FL 33162
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

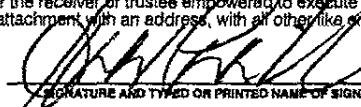
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04/30/04-80085-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASTILLO, JUAN
STREET ADDRESS	1501 NE 167TH STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	D
NAME	ABREU, PEDRO
STREET ADDRESS	1501 NE 167TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33162
TITLE	D
NAME	CASTILLO, ANA
STREET ADDRESS	1501 NE 167TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33162
TITLE	D
NAME	ALV AR EZ, ISRAEL
STREET ADDRESS	1501 NE 167TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33162
TITLE	D
NAME	INFANTE, CARMELO
STREET ADDRESS	1501 NE 167TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/26/04 **305-384-2266**
Date **Daytime Phone #**