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	Mailing Address
1501 NE 167TH STREET NORTH MIAMI BEACH, FL 33162	1501 NE 167TH STREET NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

04202004 No Chg-NP CR2E037 (10/03)

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000143262
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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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: _____ 4/26/04 305-364-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #