

P000000095468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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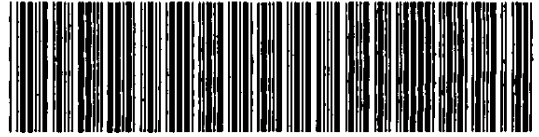
(Business Entity Name)

(Document Number)

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FILED

2010 APR 14 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

APR 15 2010

LAW OFFICE
OF
FRANCIS E. HOLDEN, JR., P.A.
166 HIALEAH DRIVE
HIALEAH, FLORIDA 33010

TELEPHONE: 305/885-1475
FAX: 305/882-8251
E-MAIL: fhelaw@yahoo.com

March 12, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Miami Quality Products, Inc., Document No.: P01000096850
A & A Tropical Foods Corp., Document No.: P00000095468

Dear Sir or Madam,

Enclosed please find the following:

1. Two Cover Letter to Amendment Section, Division of Corporations concerning the above two companies.
2. Two Officer/Director Resignation for A Corporation forms concerning the above two companies.
3. Two Statement of Change of Registered Office or Registered Agent or Both For Corporations forms concerning the above two companies.
4. Check made payable to the Florida Department of State in the amount of \$140.00.

If you have any questions, you may contact our office at the address and telephone number shown above.

Sincerely,



Francis E. Holden, Jr.
Attorney at Law
FEH/la

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A & A TROPICAL FOODS CORP.

DOCUMENT NUMBER: P00000095468

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALINA CARPIO

Name of Contact Person

A & A TROPICAL FOODS CORP.

Firm/ Company

P.O. BOX 56-3095

Address

Miami, Florida 33256

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALINA CARPIO

Name of Contact Person

at (305)

570-6686

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2010

FRANCIS E. HOLDEN, JR.
LAW OFFICE OF FRANCIS E. HOLDEN, JR., P.A.
166 HIALEAH DR
HIALEAH, FL 33010

SUBJECT: A & A TROPICAL FOODS CORP.
Ref. Number: P00000095468

We have received your document for A & A TROPICAL FOODS CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 910A00006614

FILED
2010 APR 14 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

Miami, Florida 33176

Miami, Florida 33256

(Zip Code)

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIRE	ARMANDO CARPIO		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
DIRE	ALINA CARPIO	13615 South Dixie Highway	<input checked="" type="checkbox"/> Add
		#114/315	<input type="checkbox"/> Remove
		Miami, Florida 33176	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 4-12-2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4-12-2010

Signature X ALINA CARPIO
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALINA CARPIO
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)