

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Anderson
Secretary of State
1900 BANK ONE CENTER
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

05/01/95 PM 2:11

DOCUMENT # P93000000291 (3)

BROOKS TROPICAL PURCHASING, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation
10400 SW 156TH ST
HOMESTEAD FL 33031

2. Mailing Address
P.O. BOX 900160
HOMESTEAD FL 33090
US

21. 18400 SW 256 ST
22. HOMESTEAD, FL
23. 33031
24. USA
25. 26. 27. 28. 29. 30.

3. Date of Incorporation or Organization: 01/01/1993
3a. State of Legal Report: 05/01/1994
4. FIC Number: 65-0377753
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. The corporation has liability for intangible tax under S. 199.037, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
201 S BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent
81. Name: P/D
82. Street Address: 18400 SW 256 ST
83. City: HOMESTEAD, FL
84. State: FL
85. Zip Code: 33031

11. Pursuant to the provisions of Sections 607.0205 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and 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 hereby authorized to accept the responsibility of this new office, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME: D BROOKS, N P	1. TITLE: P/D	1. NAME: BROOKS, N.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 18400 SW 256TH ST	2. STREET ADDRESS: 18400 SW 256TH ST	2. STREET ADDRESS: 18400 SW 256TH ST	
3. CITY: HOMESTEAD	3. CITY: HOMESTEAD	3. CITY: HOMESTEAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. STATE: FL	4. STATE: FL	4. STATE: FL	
5. ZIP CODE: 33031	5. ZIP CODE: 33031	5. ZIP CODE: 33031	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	6. NAME:	6. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS:	7. STREET ADDRESS:	7. STREET ADDRESS:	
8. CITY:	8. CITY:	8. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STATE:	9. STATE:	9. STATE:	
10. ZIP CODE:	10. ZIP CODE:	10. ZIP CODE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME:	11. NAME:	11. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS:	12. STREET ADDRESS:	12. STREET ADDRESS:	
13. CITY:	13. CITY:	13. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STATE:	14. STATE:	14. STATE:	
15. ZIP CODE:	15. ZIP CODE:	15. ZIP CODE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and true and qualify for the exemptions stated in law hereunder. I further certify that the information is accurate and that the filing agent or applicant is duly qualified and qualified and that my signature shall have the same legal effect as if made in person with the filing officer or clerk of the Department of State. I further understand that the filing agent or applicant is responsible for the accuracy of the information furnished and that the filing agent or applicant is responsible for the accuracy of the information furnished.

SIGNATURE: *Craig Wheeling*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
CRAIG WHEELING
4/26/95
247-3544