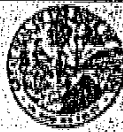


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060576 (4)

1. Corporation Name

TROPIC DELIGHT CORPORATION

Principal Place of Business

5601 NW 159 STR
MIAMI LAKES FL 33014
US

Mailing Address

5110 HARRISON ST
HOLLYWOOD HILLS FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/30/1993

3a. Date of Last Report
04/20/1994

4. FEI Number
65-0432645

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

21 TROPIC DELIGHT CO.

2a. Mailing Address

26 TROPIC DELIGHT CO

Suite, Apt. #, etc.

22 5601 NW 159TH ST

Suite, Apt. #, etc.

27 5601 NW 159TH ST

City & State

23 Miami Lakes, FL

City & State

28 Miami Lakes, FL

Zip

24 33014

Country

Zip

29 33014

Country

30

9. Name and Address of Current Registered Agent

THE LAW FIRM LAWRENCE J SPIEGLE, CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DARBOUZE, CARLO
STREET ADDRESS 5110 HARISON STR
CITY-ST-ZIP HOLLYWOOD HILLS FL

TITLE V
NAME CASTEL, YVES
STREET ADDRESS 1411 SW 88 AVE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE T
NAME DOUGHERTY, OFELIA
STREET ADDRESS 4336 CARAMOLA CIR NO
CITY-ST-ZIP COCONUT CREEK FL

TITLE S
NAME BARRERA, DIEGO
STREET ADDRESS 1120 W 26 STR, APT 1
CITY-ST-ZIP HAILEAH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Darbouze, Carlo ☒ Change ☐ Addition
1.3 STREET ADDRESS 5601 NW 159TH ST
1.4 CITY-ST-ZIP Miami Lakes, FL 33014

2.1 TITLE T
2.2 NAME Dougherty, Ofelia ☒ Change ☐ Addition
2.3 STREET ADDRESS 5601 NW 159TH ST
2.4 CITY-ST-ZIP Miami Lakes FL 33014

3.1 TITLE S
3.2 NAME DIEGO BARRERA ☒ Change ☐ Addition
3.3 STREET ADDRESS 5601 NW 159TH ST
3.4 CITY-ST-ZIP Miami Lakes, FL 33014

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLO DARBOUZE

2/27/95

Date

305-628-3011

Signature (Block 1)