### "FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000071355**1. Corporation Name

### TROPICAL BREEZE ENTERPRISES INCORPOPRATED

# **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90014 043 \*\*\*150.00



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Principal Place of Business Mailing Address					- i ibūtiūts iin rainn irtir notir anir	1 MAIRT MARTI AI	8861 (1888 IVIÐI	distr atti inni
85 S.W. 30TH AVE. 85 S.W. 30TH A		85 S.W. 30TH AVE. MIAMI FL 33135			DO NOT WRITE	E IN THIS	SDACE	
				3. Date Incorporated or Qualifed			TE IN THIS SPACE	
	•				**		,	ļ
	·	To Al-Way Addays			10/14/1993			plied For
2. Principal Pl	ace of Business	2a. Mailing Address	- ,		4. FEI Number		-	ot Applicable
21  ^		Suite, Apt. #, etc.			65-0441982		\$8.75	
22 27					5. Certificate of Status Desired		Fee Re	equired
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	. Country	Zip Co	ountry		8. This corporation owes the curre	nt year Inta		
24	25	29 30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	gistered	Agent	
			81 Nai	ne				ļ
ESPINOSA, ALBERTO J 85 S.W. 30TH AVENUE			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptate	ole)		
MIAN	Al FL 33135		83					
	• ,		84 City	/		FL	85 Zip	Code
					di a la this statement for the		changing its	registered
office or re	naistored agent or both in the State	02 and 607.1508, Florida Statutes, the a of Florida. Such change was authoriz ations of, Section 607.0505, Florida Sta	en ny uie c	ned corpo	ration submits this statement for the parties board of directors. I hereby accept	the appoir	ntment as re	gistered
SIGNATURE								
	Signature, typed or printed name of registered ag			ture required	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	10S IN 12
12.		ND DIRECTORS 13  □ DELETE 1.1		1	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
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NAME	ESPINOSA, ALBERTO A		NAME					
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CITY-\$T-ZIP	MIAMI FL 33135		CITY-ST-ZIP				Change	☐ Addition
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NAME ?	242223		NAME					
STREET ADDRESS	in an interest to the state of		STREET ADDR	ESS .	•			
			CITY-ST-ZIP				*	
CITY-ST-ZIP.		6.4	CITY-5T-ZIP					

CITY-ST-ZIP. 14. 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 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: