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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000078949 (3)**

1. Corporation Name
TASTE OF THE TROPICS, INC.

Principal Place of Business
10011 SW 165 TERR
MIAMI FL 33157
US

Mailing Address
10011 SW 165 TERR
MIAMI FL 33157-3233
US

3. Date Incorporated or Qualified: **11/12/1993**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 10362 S.W. 212 ST
Suite, Apt. #, etc.
22 APT # 101
City & State
23 MIAMI, FL
Zip 24 33189 Country 25 US

2a. Mailing Address
26 10362 S.W. 212 ST
Suite, Apt. #, etc.
27 APT # 101
City & State
28 MIAMI, FL
Zip 29 33189 Country 30 US

4. FEI Number: **65-0463305** ☐ 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

9. Name and Address of Current Registered Agent
ISHMAEL, PATRICIA
3500 WASHINGTON STREET
APT. #606A
HOLLYWOOD FL 33021

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	ARMSTRONG, KEITH	1.2 NAME	KEITH ARMSTRONG
STREET ADDRESS	10011 SW 165 TERR	1.3 STREET ADDRESS	10362 S.W. 212 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	STD ☐ DELETE	2.1 TITLE	STD ☐ Change ☐ Addition
NAME	ARMSTRONG, KATHRYN	2.2 NAME	KATHRYN ARMSTRONG
STREET ADDRESS	10011 SW 165TH TERR	2.3 STREET ADDRESS	10362 S.W. 212 STREET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33189
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or the receiver or 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.

SIGNATURE: [signature]

CR2E034 (9/96)