FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000963 (6)**

1. Corporation Name
TYCOON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~2480-2492~~ SW 17TH AVE COCONUT GROVE FL	2490-2492 SW 17TH AVE COCONUT GROVE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 65-0461172 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22:
Suite, Apt. #, etc 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ARROYO, EDUARDO A~~ CYNTHIA ROTHMAN
2490-2492 SW 17TH AVE
COCONUT GROVE FL

10. Name and Address of New Registered Agent

81 Name: CYNTHIA ROTHMAN
82 Street Address (P.O. Box Number is Not Acceptable): 2490 SW 17 AVE
83:
84 City: MIAMI FL 85 Zip Code: 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Cynthia Rothman
*Signature required for 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	D	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	~~ARROYO, EDUARDO A~~	12 NAME	CYNTHIA ROTHMAN	
STREET ADDRESS	~~2480-2492~~ SW 17TH AVE	13 STREET ADDRESS	2490 SW 17 AVE.	
CITY ST ZIP	~~COCONUT GROVE FL~~	14 CITY ST ZIP	MIAMI, FLA. 33145	
TITLE		21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME		22 NAME	SHERIE ARGENTA	
STREET ADDRESS		23 STREET ADDRESS	2490 SW 17 AVE.	
CITY ST ZIP		24 CITY ST ZIP	MIAMI, FL. 33145	
TITLE		31 TITLE	TREASURER	☒ Change ☐ Addition
NAME		32 NAME	MICHAEL A. LEVINE	
STREET ADDRESS		33 STREET ADDRESS	2490 SW 17 AVE	
CITY ST ZIP		34 CITY ST ZIP	MIAMI, FLA. 33145	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: Cynthia Rothman PRES./DIR 4/22/95 305-859-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cynthia Rothman

0480000 IN