

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90065 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



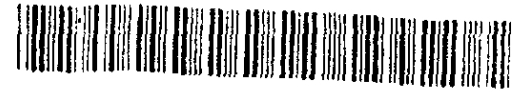
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000034103

1. Corporation Name
TROPICAL TREASURES OF BC, INC.

Principal Place of Business
3145 NE 9TH ST
FT LAUDERDALE FL 33304

Mailing Address
3145 NE 9TH ST
FT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1994	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0486073	
City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		29 Country		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	
25		30		10. Name and Address of New Registered Agent	

YARON, KOHAUL
3145 NE 9TH ST.
3145 NE 9TH ST
FT. LAUD FL 33304

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D KOHAVI, YARON 3145 NE 9TH ST FT LAUDERDALE FL 33304	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	1.2 NAME	
	☐ DELETE	1.3 STREET ADDRESS	
	☐ DELETE	1.4 CITY-ST-ZIP	
	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	2.2 NAME	
	☐ DELETE	2.3 STREET ADDRESS	
	☐ DELETE	2.4 CITY-ST-ZIP	
	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	3.2 NAME	
	☐ DELETE	3.3 STREET ADDRESS	
	☐ DELETE	3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	4.2 NAME	
	☐ DELETE	4.3 STREET ADDRESS	
	☐ DELETE	4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	5.2 NAME	
	☐ DELETE	5.3 STREET ADDRESS	
	☐ DELETE	5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	6.2 NAME	
	☐ DELETE	6.3 STREET ADDRESS	
	☐ DELETE	6.4 CITY-ST-ZIP	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

Signature Phone #