TALLAHASSEE, FLORIDA

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 AM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041626 (0)**

1. Corporation Name

TROPICAL SENSATIONS, INC.

Principal Place of Business

% MR. JAMIN KIM, C.P.A.
54 NORMAN AVE.
AMITYVILLE NY 11701

Mailing Address

% MR. JAMIN KIM, C.P.A.
54 NORMAN AVE.
AMITYVILLE NY 11701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994

3a. Date of Last Report: N/A

2. Principal Place of Business
21: 150 S. Andrews Ave
Suite/Apt #: 22: Suite 201
City & State: 23: Pompano Beach FL
Zip: 24: 33069
County: 25: 45

2a. Mailing Address
26:
Suite/Apt #: 27:
City & State: 28:
Zip: 29:
County: 30:

4. FEI Number: 65-0500267 — 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. The corporation has taxable investments under S. 199.032 Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

SEATON, HARRY L
9711 N. HOLLYBROOK LAKE DR.
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: Scott Schneider
82 Street Address (P.O. Box Number is Not Acceptable): 2801 N. Course Drive
83: APT M203
84 City: Pompano Beach FL 85 Zip Code: 33069

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The name and address of the registered office and the name and address of the registered agent, as changed, are set forth below. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of that position as provided for in Florida Statutes.

SIGNATURE: [signature] 3-5-95

12. OFFICER AND DIRECTOR

Title: D
NAME: SCHNEIDER, SCOTT J
STREET ADDRESS: 1 WOODLAWN AVE.
CITY-ST-ZIP: OAKDALE NY 11769

13. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12

Title: President
NAME: SCHNEIDER SCOTT J.
STREET ADDRESS: 2801 N. Course Drive - M203
CITY-ST-ZIP: Pompano Beach FL 33069

☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature] Scott Schneider 3-5-95 305 943-7844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476710 FP