

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # P94000044269 (6)**

1. Corporation Name  
**TROPICAL DELIGHTS PACKAGING, INC.**

Principal Place of Business: **7337 N.W. 37 AVE. MIAMI FL 33147**  
Mailing Address: **7337 N.W. 37 AVE. MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Quinred: **06/14/1994** 3a. Date of Last Report:  
4. FEI Number: **65-0499715** 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. 193.032 Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**LAFONTISES, LOUIS L JR  
3121 COMMODORE PLAZA  
SUITE 301  
MIAMI FL 33133**

**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 (b)(2) and 607.1505, 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. Thereby, accept the appointment as registered agent, and I agree with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

1. TITLE	<b>PD</b>
2. NAME	<b>RENUART, DENIS P</b>
3. STREET ADDRESS	<b>7337 N.W. 37 AVE.</b>
4. CITY - ST - ZIP	<b>MIAMI FL 33147</b>
5. TITLE	<b>STD</b>
6. NAME	<b>AHRON, BARRY</b>
7. STREET ADDRESS	<b>7337 N.W. 37 AVE.</b>
8. CITY - ST - ZIP	<b>MIAMI FL 33147</b>
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY - ST - ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY - ST - ZIP	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY - ST - ZIP	
37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME	
39. STREET ADDRESS	
40. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
45. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
46. NAME	
47. STREET ADDRESS	
48. CITY - ST - ZIP	
49. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50. NAME	
51. STREET ADDRESS	
52. CITY - ST - ZIP	

**300001882893**  
**-07/03/96--01023--034**  
**\*\*\*225.00**

*732-101*  
*Pa*

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)(k), 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 of this report, or on an attachment with an address.

SIGNATURE: *X J. P. Th...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **J. P. TH...**  
*X 3-28-96 X 305-691-3344*