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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000051106 (0)**

1. Corporation Name
TROPICAL WORLD CORPORATION

Principal Place of Business	Mailing Address
718 DUVAL STREET **KEY WEST FL 33040**	**718 DUVAL STREET** **KEY WEST FL 33040-7479**

3. Date Incorporated or Qualified: **07/05/1994**
3a. Date of Last Report: **09/23/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **NOT APPLICABLE** ☐ 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

BENISTI, ALEXANDER E
30883 GRANADA AVE
BIG PINE FL 33043

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: 01 03 97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	P	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	RICOHE, LAURENT		12 NAME	ALEXANDER BENISTI	
STREET ADDRESS	5 RUE DES HIRONBELLES		13 STREET ADDRESS	30883 GRANADA AVE	
CITY-ST-ZIP	MONTPELLIER 34170 FRANCE		14 CITY-ST-ZIP	BIG PINE KEY FL. 33043	
TITLE	VP	☐ DELETE	21 TITLE	V. P	☒ Change ☐ Addition
NAME	BENISTI, ALEXANDER E		22 NAME	JONATHAN ELFASI	
STREET ADDRESS	30883 GRANADA AVE		23 STREET ADDRESS	41 FLAGLER STREET	
CITY-ST-ZIP	BIG PINE KEY FL 33043		24 CITY-ST-ZIP	KEY WEST 33040	
TITLE	S	☐ DELETE	31 TITLE	S	☒ Change ☐ Addition
NAME	MEILLEY, JOSY A		32 NAME	Meilley Josy	
STREET ADDRESS	11E CAZOT 5		33 STREET ADDRESS	11E CAZOT 5	
CITY-ST-ZIP	PALAUAS ES FLOTZ 34250FRANCE		34 CITY-ST-ZIP	PALAVAS LES FLOTS FRANCE.	
TITLE		☐ DELETE	41 TITLE	T-RICOHE LAURENT	☒ Change ☐ Addition
NAME			42 NAME	5 RUE DES HIRONDELLES	
STREET ADDRESS			43 STREET ADDRESS	MONTPELLIER FRANCE	
CITY-ST-ZIP			44 CITY-ST-ZIP	34170.	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 01 03 97.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #