**FILED** 

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90188 010 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000053618**

Corporation Name

FLORIDA TROPICAL, INC.

Principal Place	ling Address					- [				
12747 S.W. 40TH STREET SUITE 338		1274	12747 S.W. 40TH STREET SUITE 338							
		SUIT								
MIAMI FL 33175			JI FL 33175					DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualifed		
			54 W A I I					07/20/1994		
<u> </u>	lace of Business	$\vdash$	Mailing Address					4. FEI Number Applied For Not Applied by Not Applied For		
21		26]	Suite, Apt. #, etc.			•		65-0541497   Not Applicable   \$8.75 Additional		
Suite, Apt.	#, etc.	—	Suite, Apr. #, etc.					5. Certificate of Status Desired Fee Required		
City & State		27	City & State					6. Election Campaign Financing \$5.00 May Be		
	e	28	ony a oncio					Trust Fund Contribution Added to Fees		
<b>23</b>   Zip	Country		Zip	Cou	intry			8. This corporation owes the current year Intangible		
24	25	29	· ·	30	,			Personal Property Tax. Yes No		
24	9. Name and Address of Currer				abla			10. Name and Address of New Registered Agent		
					81	Name				
ZAYAS, ARIEL				82	Ctroot	Addros	ess (P.O. Box Number is Not Acceptable)			
910 WEST AVENUE					02	Sireer	Addres	ess (P.O. Box Number is Not Acceptable)		
SUIT	E 716				83					
MIAN	AI BEACH FL 33139							85 Zip Code		
			/		84	City		FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statute	es, theya	bov€	-named	corpor	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered		
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	ı. Such change <b>y</b> as aı Section 607 0506. Flor	ithorize ida Atal	by Ores.	the cont	oration'	n's board of directors. I hereby accept the appointment as registered		
-	in tallinal with, and accept the conga	00110 01, 0	7, 10.	77	W	$\psi_{I}$	KAT	1/16/99		
SIGNATURE	Signature, typed or printed name of registered age-	nt and title if ;	applicable. (MOTE:	Registered	Agen	t signature	requires w	when reinstating) DATE		
12.	OFFICERS AN	D DIREC		13.	/			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		☐ DELETE	1,1 T	πιε <sup>/</sup>	II.	אנא	Ingel Chaquaceda Change Addition		
NAME	CHAGUACEDA, ANGEL -			4:2 N	<del>NÍE</del> -	<del>- // /</del>	<b>村</b> ご	21-101 S-338		
STREET ADDRESS	12747 S.W. 40TH STREET, #3	38		1.3 S	TREET	ADD SS	1/0	1747 BITA NA. 3 30.		
CITY-ST-ZIP	MIAMI FL 33175			1.4 C	14-S1	r. <b>z</b> /₽	<u>ru</u>	(1017) 17 E. 00.7		
TITLE	D		☐ DELETE	2.1 T	TLE		\	Ghange Addition		
NAME	CHABUACEDA, VICTORIA -			Z.2 N	AME			=Victoria (haguaceda		
STREET ADDRESS	12747 S.W. 40TH STREET, #3	38		2.3 S	TREET	ADDRESS	15	2747 Bird Rd. 5-338		
CITY-ST-ZIP	MIAMI FL 33175			2.40	TY-S	T-ZIP	I	Miami 71 33175		
TITLE			☐ DELETE	3.1 T	TLE		`	☐ Change . ☐ Addition		
NAME				3.2 N	AME					
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP				3.4. 0	ΠY-S	T-ZIP		☐ Change ☐ Addition		
TITLE			[_] DELETE	4.1 TI	TLE			☐ Change ☐ Addition		
NAME				4. 2 N						
STREET ADDRESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP					ITY-S1	-ZIP	<u> </u>	☐ Change ☐ Addition		
TITLE			☐ DELETE	5.1 T				☐ criange ☐ Addition		
NAME				5.2 N		ADDOFAA				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			Delete	5.4 C	TI F	1-ZIP	+	Change Addition		
TITLE			☐ DELETE	6.2 N				C stange C Footings		
NAME						ADODESS				
STREET ADDRESS				6.3 5	KEE	ADDRESS	1			

14. 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 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 or changel, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:**