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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000087429 (4)

FILED Mar 02 1998 8:00am Secretary of State

1. Corporation			•7		
TROPI	ICAL BREEZE INTERNATION	AL INC.			
D.1 1 1. Di		Nacities - Autologica		<u>-</u>	
Principal Place		Mailing Address	4		
9901 W CALUSA CLUB DR 1150 NW 72 AVE WILLIAM SULFE 326					
US	3160	MIBMI FL 33126		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
				12/01/1994	
2. Principal Pl	ace of Business	2a. Mailing Address	1.41	4. FEI Number	Applied For
21			W 53 TERR	65-0569677	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	109	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	107		Fee Required
23	•	28 MIAMI	, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29 33166	30 MIA-DADE	Personal Property Tax due June 30.	Yes No
=.1	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registere	d Agent
BOTERO, WILLIAM 9901 W CALUSA CLUB DR MIAMI FL 33186 81 Name 82 Street Addre					
			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	•
			83		
			63		
			84 City	F	85 Zip Code
11 Pursuant I	to the provisions of Sections 607 0502	and 607 1508. Florida Str	atules, the above-named corne		
office or re	egistered agent, or both, in the State of	Florida Such change w	as authorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the submit of the purpose of the purpose on the purpose of the purp	opointment as registered
	m ramıllar with, and accept the obligat	ions of, Section 607.0505	, Florida Statistes.		
SIGNATURE :	Signature typed or printed name of registered agent	and the if applicable (NOTE Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	Р	☐ DELE TE	1.1 TITLE		Change Addition
NAME	BOTERO, WILLIAM		1.2 NAME		;
STREET ADDRESS	9901 W CALUSA CLUB DR		1.3 STREET ADDRESS		li
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	\$	☐ DELETE	2.1 TITLE		Change Addition
NAME	BOTERO, KATHLEEN		2.2 NAME		
STREET ADDRESS	9901 W CALUSA CLUB DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	I'l priese	2. 4 CITY - ST - ZIP		Dobaras Distallina
TITLE		☐ DELETE	3.1 TITLE	÷	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		j
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			0.7 OH (- O) - ER		
		DELETE	6.1 TITLE		Change Addition
		☐ DELETE			Change Addition
NAME STREET ADDRESS		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS		Change Addition

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 receivor 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 alltaching of with an address.