

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

FILED  
Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90023 048 \*\*\*150.00

DOCUMENT # P95000003015

1. Corporation Name  
TROPICAL WHOLESALERS, INC.

Principal Place of Business  
3070 SW 38TH AVENUE  
MIAMI FL 33146

Mailing Address  
3070 SW 38TH AVENUE  
MIAMI FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1995

4. FEI Number

65-0549495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 9157 SW 96<sup>th</sup> AVENUE

Suite, Apt. #, etc.

22

23 City & State  
Miami Florida

Zip Country

24 33176 25 USA

2a. Mailing Address

26 9157 SW 96<sup>th</sup> AVENUE

Suite, Apt. #, etc.

27

28 City & State  
Miami Florida

Zip Country

29 33176 30 USA

9. Name and Address of Current Registered Agent

BLUM, SAMUEL S ESQ.  
2666 TIGERTAIL AVENUE  
COCONUT GROVE 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 607.0502 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME VERGARA, MANUEL F JR.

STREET ADDRESS 6435 SW 94TH STREET

CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ DELETE

NAME VERGARA, BEATRIZ

STREET ADDRESS 6435 SW 94TH STREET

CITY-ST-ZIP MIAMI FL 33156

TITLE V ☐ DELETE

NAME ARNOLDSON, ERIC

STREET ADDRESS 6435 SW 94 STREET

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/99

(305) 668-0323

CR2E034 (1/198)

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