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

PROFIT CORP**GRATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95 1. Corporation Name TROPICAL AMBIANCE, INC. P95000005209 (8)

Principal Place of Business		Mailing Address	······································		MANT MANIN INNAN MNAND INNI ARAI
4221 SW 75 AVE 4221 SW 75		4221 SW 75 AVE			
MIAMI FL 33	1155 🔋	MIAMI FL 33155		DO NOT WRITE IN THIS	SSPACE
				3. Date Incorporated or Qualified	JOINOL
				01/18/1995	
L	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0567504	Not Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	···	27			Fee Required
City & Sta	19	City & State		Beetion Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	8. This corporation owes or has paid the c	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Co			10. Name and Address of New Registere	J Agent
LE LE	AL, JORGE		81 Name		
	21 \$ W 75 AVE		62 Street Ad	idress (P.O. Box Number is Not Acceptable)	
MI	IAMI FL 33155				
	•		63		
	7		84 City	F	85 Zip Code
11 Pureuant	to the provisions of Sections 607	0502 and 607 1508. Florida Statute	s the above-named co		of changing its registered
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, 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, 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, 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, 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, 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, or both and accept the appointment as registered agent.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable (NOTE	Registered Agent signature rec	guired when reinstaling) DA18	
12.	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	LEAL, NORBERTO		1.2 NAME		
STREET ADDRESS	\$221 SW 75 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155	Doubte.	1.4 CITY - ST - ZIP		[] () () () () () () () () () () () () ()
TITLE	U LEANODO	☐ DELETE	2.1 TITLE		Change Addition
NAME	LEAL, LEANDRO		2.2 NAME		
STREET ADDRESS	\$221 SW 75 AVE MIAMI FL 33155		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIMMI PL 33133	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	LEAL, CARLOS		3.2 NAME		
STREET ADDRESS	\$221 SW 75 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		3.4. CITY-ST-ZIP		į
TITLE	D	☐ DELET E	4.1 TATLE	····	Change Addition
NAME	LEAL, JORGE		4. 2 NAME		
STREET ADDRESS	4221 SW 75 AVE		4.3 STREET ADDRESS		
CITY-ST-Z#P	MIAMI FL 33155		4.4 CITY - ST - ZIP		
TITLE	D	DELETE	5.1 TITLE	2000024859	Driange Addition
NAME	LEAL, JOSE		5.2 NAME	-04/13/98010110	106
STREET ADDRESS	4221 SW 75 AVE		5.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP	MIAMI FL 33155		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	*		6.2 NAME		75
STREET ADDRESS		Λ	6.3 STREET ADDRESS		4.10
OUTV OT THE	1	/1	E CACITY OF TID		, , , •

14. I hereby certify that the information supplied waindicated on this annual report or supplierpents officer or director of the corporation or the receiptock 12 or Block 13 if changed, or on atternation. Thro does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information properties true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tysee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Apr 10 1998 8:00am

Secretary of State