

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000044223 (2)

1. Corporation Name

TROPICREAM, CORP.

Principal Place of Business

ARNALDO MIRANDA  
410 FLUVIA AVE.  
CORAL GABLES FL 33134

Mailing Address

ARNALDO MIRANDA  
410 FLUVIA AVE.  
CORAL GABLES FL 33134



3. Date Incorporated or Qualified

05/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1570 W. 43RD PL. #1

26

4. FEI Number

65-0585731

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 HIALEAH, FL.

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip Country

Zip Country

24 33012

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRANDA, ARNALDO  
1570 WEST 43RD PLACE STE 5  
HIALEAH FL 33012

81 Name

ARNALDO MIRANDA

82 Street Address (P.O. Box Number is Not Acceptable)

410 FLUVIA AVE

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

ARNALDO MIRANDA

4/23/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME MIRANDA, ARNALDO  
STREET ADDRESS 1570 WEST 43RD PLACE STE 5  
CITY-ST-ZIP HIALEAH FL 33012

1.1 TITLE

PTD

☒ Change ☐ Addition

TITLE VSD ☐ DELETE  
NAME MIRANDA, CARMEN  
STREET ADDRESS 1570 WEST 43RD PLACE STE 5  
CITY-ST-ZIP HIALEAH FL 33012

1.2 NAME

MIRANDA, ARNALDO

1.3 STREET ADDRESS

410 FLUVIA AVE

1.4 CITY-ST-ZIP

CORAL GABLES, FL. 33134

TITLE SECRETARY ☐ DELETE  
NAME ARNALDO MIRANDA  
STREET ADDRESS 410 FLUVIA AVE  
CITY-ST-ZIP CORAL GABLES, FL. 33134

2.1 TITLE

VSD

☒ Change ☐ Addition

TITLE TREASURER ☐ DELETE  
NAME ARNALDO MIRANDA  
STREET ADDRESS 410 FLUVIA AVE  
CITY-ST-ZIP CORAL GABLES, FL. 33134

2.2 NAME

MIRANDA CARMEN.

2.3 STREET ADDRESS

410 FLUVIA AVE

2.4 CITY-ST-ZIP

CORAL GABLES, FL. 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ARNALDO MIRANDA

4/23/96

(305) 576-6951

CR2E034 (12/95)