SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

7515 SW 122 ST

MIAMI FL 33156

US

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

7515 SW 122 ST.

MIAMI FL 33158

US



FLORIDA DEPARTMENT OF STATE

FILED

Jul 22 1998 8:00am

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1995

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500063710 (4)

TROPICAL WAVE LANDSCAPING, INC.

| 2. Principal Place of Business | | | 2a. | 2a. Mailing Address | | | | 4. FEI Number | | Applied For |
|--|------------------------|-----|---------------------|---------------------|---------------------------|---|--|--|-------------|----------------------|
| 21 | | | 26 | | | | | 65-0602444 | | Not Applicable |
| Sulte, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | \$8.75 Additional |
| 22 | | | 27 | 27 | | | | a. Certificate of Status Desired | | Fee Required |
| City & State | | | L, | City & State | | | | 6. Election Campaign Financing | | \$5.00 May Be |
| 23 | | | 28 | | | | | Trust Fund Contribution | . Ш | Added to Fees |
| Zip | Country | | <u></u> | Zip | | Country | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 25 | | | 29 | ., | | | | Personal Property Tax due June 30. Yes No | | |
| 9. Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Registered Agent | | | |
| GONZALEZ, RAMON 81 N | | | | | | | | on H. Gonzalez | | |
| 7878 PONCE DE LEON RD. | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI FL 33143 | | | | | | | | | | |
| | | | | 83 | | | | | | |
| | | | | 84 City | | | | | 85 Zip Code | |
| | | | | | | | 11/3 | am i | FL | 85 Zip Code 33/36 |
| 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 of the purpose of the purpose of changing its registered of the purpose | | | | | | | | | | |
| 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 prioted name of registered egant and title if applicable (NOTE: Registered Apent elegative regulated types reliefative) | | | | | | | | | | |
| 12. | CTORS | 13. | | | ADDITIONS/CHANGES TO OFFI | | D DIRECTORS IN 12 Change Addition | | | |
| TITLE | PSD | | | DELETE | | 1.1 TITLE | | esident mon H. Gonzalez 1155W. 1228 T. | | Change Addition |
| NAME GONZALEZ, RAMON H | | | | | 1.2 NAM | | R2 | MON H. GONEE! | | 8 |
| STREET ADDRESS 7878 PONCE DE LEON RD. | | | | | 1.3 STREET ADDRESS 7 | | 75 | 5155W. 12281. | | ŭ |
| CITY-ST-ZIP | AST-ZIP MIAMI FL 33143 | | | | | TA CITT-ST-ZIP | | 112mi, 71. 33156 | | K |
| TITLE | | | | DELETE | | 2.1 TITLE | | | [| Change Addition |
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| STREET ADDRESS | | | | | 2.3 ST | | | | | Ť |
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| NAME | | | | | 3.2 NAI | | | | | } |
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| CITY-ST-ZIP | | | | | 3.4 CITY-ST-ZIP | | | | | |
| TITLE | | | | DELETE | 4.1 TITLE | | | | Ţ | Change Addition |
| NAME | | | | | ME | | | | //~/ | |
| STREET ADDRESS | | | | | 4.3 STF | REET ADDRESS | | | 1/ | 11 7/7 |
| CITY-ST-ZIP | | | | | 4.4 CIT | Y-ST-ZIP | | | <i>Y</i> (| |
| TITLE | | | | DELETE | 5.1 TIT | LE | | | | Change Addition |
| NAME | | | | | 5.2 NA | ме | | | | - |
| STREET ADDRESS | | | | | 5.3 STF | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 5.4 CIT | Y-ST-ZIP | | | | |
| TITLE | | | | DELETE | 6.1 TIT | LE | | · · | | Change Addition |
| NAME | | | | 6.2 NAME | | | 6000026 -07/30/9801 | 021 | 186 | |
| STREET ADDRESS | | | | | 6.3 STF | REET ADDRESS | | -0 7/30/9801 | 007 | 047 |
| CITY-ST-ZIP | | | | | 6.4 CIT | Y-ST-ZIP | | ***150.00 | | |
| 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 | | | | | | | | | | |
| 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 feport 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 of 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 charged, or on an attarbation with an address. | | | | | | | | | | |
| CICHATURE Company on 20 /2 1111 21 21/16/98 President | | | | | | | | | | |

Tropical Wave Landscaping Inc.

7515 SW 122 Street Miami, Fl. 33156



July 16, 1998

Division Corporation PO BOX 6327 Tallahassee, Fl. 32314

To Whom it May Concern:

Due to a change in address, we never received the profit corporation annual report package. As per our conversation with your office yesterday, here is a check for \$150.00. Please make a note of our change of address.

Sincerely,

Ramon H. Gonzalez

Tropical Wave Landscaping Inc.