Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90033 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000063710

1. Corporation Name

TROPICAL WAVE LANDSCAPING, INC.						
						_{
Principal Place		Mailing Address				·
7515 SW 122 ST. 7515 SW 122 ST MIAMI FL 33156 MIAMI FL 33156						
US US						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						08/17/1995
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0602444 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
28						Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
-	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent
GON	IZALEZ, RAMON			"	Italiic	
7515 S.W. 122 STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
MIAMI FL 33156				83		
				"		
Ω				84 City FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607,650	2 and 607.1508, Florida Statu	tes, the a	bove	-named.corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	m smilled with, and accept the obligation	tions of, Section 607.0505, Fk	orida Stat	tutes.	ino dorporano	5/1.00
SIGNATURE	Romon &	70				3/10/17
12.	Signature, typed or printed pine of registered ager	nt and title papplicable. (NOT)	: Registere		signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	DELETE	1,1 T			☐ Change ☐ Addition
NAME	GONZALEZ, RAMON H		1.2 N			
STREET ADDRESS	TOUR OW 400 OTDEET			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1	ITY-ST		
TITLE	VP DELETE 2.1 TI				☐ Change ☐ Addition	
I NAME	GONZALEZ, OLGA LEILA		2.2 N	AME		Ì
STREET ADDRESS	7515 SW 122 ST.		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		2.40	CITY-S	T-ZIP	
TITLE	S	☐ DELETE	3.1 T	ITLE		☐ Change ☐ Addition
NAME	GONZALEZ, RICARDO S		3.2 N	AME	.	
STREET ADDRESS	13020 S.W. 82 AVENUE		3.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156			CITY-SI	r-zip	
TITLE		☐ DELETE	4.1 T	ITLE		Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE		TY-ST	-ZIP	☐ Change ☐ Addition
TITLE		1 111-11-11-	5.1 T			
NAME	l .		594	IAME		
		_ Section		IAME TDEST	ADDRESS	Consider Character
STREET ADDRESS		_ second	5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.3 S 5.4 C	TREET		
		☐ DELETE	5.3 S	TREET STY-ST		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 of adoptemental 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 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: