FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000069008 (7)**

1. Corporation Name

TROPICAL IMPORT, INC.

Principal Place of Business

4483 NORTHWEST 36 STREET, SUITE 117
MIAMI FL 33166

Mailing Address

4483 NORTHWEST 36 STREET, SUITE 117
MIAMI FL 33166

3. Date Incorporated or Qualified: **09/07/1995**

3a. Date of Last Report

4. FEI Number: 75-0607493 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation elects to be governed by Florida Statutes 607.0832: [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: TAHA JOSE NASAR
82 Street Address (P.O. Box Number is Not Acceptable): 4483 NW 36 ST #117
83
84 City: MIAMI FL — FL — 85 Zip Code: 33166

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned [illegible] for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The character of the business of the corporation at the office shown in Block 1 hereof, and the acceptance of the registered agent named herein and in accordance with Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	SAED, TAHA NASAR	
STREET ADDRESS	4483 NORTHWEST 36 STREET, SUITE 117	
CITY, ST, ZIP	MIAMI FL 33166	
TITLE	VSD	[ ] DELETE
NAME	ZAATARI, IBRAHIM S	
STREET ADDRESS	4483 NORTHWEST 36 STREET, SUITE 117	
CITY, ST, ZIP	MIAMI FL 33166	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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. TITLE	[ ] Change	[ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE	[ ] Change	[ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE	[ ] Change	[ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE	[ ] Change	[ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	[ ] Change	[ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE	[ ] Change	[ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

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-04/01/96--01023--021
***200.00

32
3.30

14. I do hereby certify that the information supplied herein, to the best of my knowledge, is true and accurate. I further certify that the corporation is in compliance with all applicable provisions of Florida Statutes, including, but not limited to, Section 607.0505, Florida Statutes. I further certify that the corporation is in compliance with all applicable provisions of Section 607.0830, Florida Statutes, relating to the payment of franchise taxes. I further certify that I am familiar with the contents of this report and that the facts stated herein are true. I further certify that I am a duly authorized officer of the corporation or other authorized person to execute this report on behalf of the corporation. I further certify that I am familiar with the provisions of Chapters 607, 608, 617, and 620, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or addition are made to officers and directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF A CURRENT OFFICER OR DIRECTOR

CR2E034 (12/95)