

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000074283 (9)

1. Corporation Name

TROPICAL VISION, INC.

Principal Place of Business

3401 NW 17TH AVE
MIAMI FL 33142

Mailing Address

3401 NW 17TH AVE
MIAMI FL 33142



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

NAVARRO, MARY ANN
3401 NW 17TH AVE
MIAMI FL 33142

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

4. FEI Number

650618069

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 has liability for intangible tax under s. 193.032
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
NAVARRO, MARY ANN
STREET ADDRESS
3401 NW 17TH AVE
CITY, ST, ZIP
MIAMI FL 33142

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing was 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 Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE:

MARY ANN NAVARRO 3-25-96 (305)
173-1500

CR2E034 (12/95)