FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079578 (7)

TROPICAL JUICES & SYRUPS, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				
18499 NORTHEAST 19TH AVENUE: SUITE 107 MIAMI FL 33162		16499 NORTHEAST 19TH AVENUE. SUITE 107 MIAMI FL 33162			ITE 107	
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 10/17/1995
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0613200 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	—	untry		8. This corporation owes or has paid the current year Intangible
24	[25]	29	30	1		Personal Property Tax due June 30. Ya Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent BIGHADD SHILED 8					Name	To. Haine and Address of New Registered Agent
	CHARD MILLER			VI INGINE		
	499 NE 19TH AVENUE		82 Street Ad		Street Ad	ldress (P.O. Box Number is Not Acceptable)
Min	AMI FL 33162			83		
				03		
				84	City	85 Zip Code
M. Barrani	45	00 1 007 4100 51	Otation die			FL 63 Zip code
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.						
agent. i a	m familiar with, and accept the oblig	ations of, Section 607.05	605, Florida Sta	tutes		
SIGNATURE	N	4.0. /	Alore 6			puired when reinstating) DATE
12.	Signature, typed or printed name of registered ay OFFICERS AN	D DIRECTORS	(NOTE: Hagistara	D Age	nt signatura rec	cuired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELE		tT) F		Change Addition
NAME	MILLER, RICHARD A	—	1.2 N			
STREET ADDRESS	16499 NORTHEAST 19TH AV	FNUE SUITE 107	1.3 STREET ADDRESS		ADDRESS	-
CITY-ST-ZIP	MIAMI FL 33162	Ellot, odire lor		(TY-S1		
TITLE	1111 1111 1111 1111	DELE				☐ Change ☐ Addition
NAME			2.2 N		1	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLE		DELE			1-20	☐ Change ☐ Addition
NAME			3.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-S		
TITLE		DELE				Change Addition
NAME			4.21	MAN		
STREET ADDRESS					ADDRESS	
CITY ST-ZIP			4.4 C	(TY-\$1	- ZIP	
TITLE		DELE				Change Addition
NAME			, 5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP				ITY-S1	1	
TITLE		☐ DELE		~~~~		Change Addition
NAME	•		6.2 N	AME		
STREET ADDRESS			6.3 S	TREET.	ADORESS	
CITY-ST-ZIP				ITY-S1		
	partifut hat the information cumplied u	ith this filing does not a				in Section 119 07(3)(i) Florida Statutes, I further certify that the information

indicated on this annual report or supplied with this ming does not quality for the exemption stated in section 19.07(5)(f), Florida Statutes. Further certify that the information indicated on this 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 opporation on the receiver or truster 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 a statute with an address.