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 DEE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005752 (6) .

AMERICAN TROPICAL PRODUCE, INC.

APPROVEU AND FILED

98 JUL 22 AH 9: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



							_			<u> </u>			
Principal Place of Business Mailing Address							1 (2010) 110 15/10 5/11 5			A141 4111 18541 A1118 1181 1851			
9098 N.W. 112TH TERRACE				9098 N.W. 112TH TERRACE									
MIAMI FL 33016			М	MIAMI FL 33016						DO NOT WRITE IN THIS SPACE			
									ļ	3. Date Incorporated or Qualified			
										01/18/1996	}		
2. Principal Place of Business				2a. Mailing Address						4. FEI Number	Applied For		
21				26						65-0635648	Not Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional		
22				27						S. Certificate of Status Desired	Fee Required		
City & State				City & State						6. Election Cempaign Financing	\$5.00 May Be		
23			28	28						Trust Fund Contribution	Added to Fees		
Zip		Country		Ζιρ		Cour	ntry			8. This corporation owes or has paid the curr	-		
24		25	29			30					JYes ∐No		
		and Address of Currer	nt Kegi	istered Ag	ent		81	Name		10. Name and Address of New Registered	- your		
MARTINEZ, ANDY													
8360 W. FLAGLER ST.							82	Stree	et Addres	Address (P.O. Box Number is Not Acceptable)			
SUITE 205							83						
MIAMI FL 33016													
						1	84	City		FL	85 Zip Code		
11. Pursuant	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												
office or	registered ag am familiar w	ent, or both, in the State ith, and accept the oblid	of Flo	orida. Such	change was : 607.0505. Fi	authorized orida State	l by utes	the co	rporation	is board of directors. I hereby accept the appoir	nument as registered		
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE													
Signature, typed or printed name of registered agent and little if applicable (NOTE Re-							Registered Agent signature required when reinstating) DATE						
12.		OFFICERS A	ND DIR	RECTORS		13.				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D			L	DELETE	1.1 717				~~~~~	Change Addition		
NAME	GARCIA,					1.2 NA				000002591 -07/24/98-	กโกกิ์?กกร		
STREET ADDRESS	1 7	. 112TH TERRACE				- 1		ADDRE\$5	is	****150.00	****150.00		
CITY-ST-ZIP	MIAMI FL	33016			7	1.4 CIT		-ZIP		क्रक्रका १ अधि ६६६			
TITLE	D	INPAIP		L	DELETE	2.1 TIT					Change Addition		
NAME	GARCIA, I					2.2 NA		400000					
STREET ADDRESS		. 112TH TERRACE						ADDRESS	15				
CITY-ST-ZIP	MIAMI FL	33018			75	2.4 CIT 3.1 TIT		-ZIP			Change Addition		
TITLE				L	_] DELETE	3.1 III					Change Addition		
NAME	!							ADDRESS					
STREET ADDRESS									,,,		İ		
CITY-ST-ZIP	 				7	3.4 CIT 4.1 TIT		·ZIP			Change Addition		
TITLE	1			L	DELETE	4.1 III				•	Cuange CT Montion		
NAME CTOFFY ADDRESS								ADDRESS	.		}		
STREET ADDRESS						4.4 CIT			~				
CITY-ST-ZIP TITLE				<u>-</u>	DELETE	5.1 TIT			1		Change Addition		
NAME				L	DEFELE	5.2 NA				'	sublige receive		
STREET ADDRESS	J							ADDRESS	is				
	i					5.4 CIT			~		!		
CITY-ST-ZIP TITLE	-			Г	DELETE	6.1 TIT		· · · · · · · · · · · · · · · · · · ·		. 24 -	Change Addition		
NAME	1			L	PERFIF	6.2 NA				\ (\begin{align*} \(\begin{align*} \) \\ \end{align*} \\ \en	MIL-		
STREET ADDRESS								ADDRES	ss	好 。」			
CITY-ST-7/P	1					6.4 CH				•	•		

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 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 Block 12 or Block 13 If changed, or an attachment with an address.

6/30/00

2100000000

Please forward

American Tropical Prod

Sean Tonel

American Tropical Produce Inc. 9098 N.W 112 Terrace Miami, FL. 33018

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, FL. 32302-1500

Department of State:

The notice of the 1998 Profit Corporation Annual Report packet did not arrive in our office until June 30, 1998. The packet was entitled 2nd notice, which in fact, was our first notice.

I called your office on July 1st, 1998, and your representative informed me that I would only have to pay \$150.00 for our corporation's processing fee due to the tardiness in receiving the 1998 Profit Corporation Annual Report Packet.

I have enclosed a check for \$150,00 for 1998.

Any questions or comments can be referred to Silvio Garcia at (305) 819-8464.

Respectfully,

Silvio Garcia President American Tropical Produce, Inc.

Called office of on July 20,1998

Ovision of Corporation & spoke to

Diane Cushing who told me

that several corporation's have

been sent this packet late.

This is the second time I

send this packet, flease

process application immediately.

Thank you

American Tropical Produce