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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90028 040 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000066380

1. Corporation Name  
TROPICAL EXPRESS OF AVENTURA, INC.

Principal Place of Business  
19575 BISCAYNE BLVD.  
SPACE NO. 1393 AVENTURA MALL  
AVENTURA FL 33180

Mailing Address  
19575 BISCAYNE BLVD.  
SPACE NO. 1393 AVENTURA MALL  
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1996

4. FEI Number

65-0699130

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SINGLETARY, JIM  
13920 SW 104 AVE  
MIAMI FL 33176

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 607.0502 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE  
NAME SINGLETARY, JIM  
STREET ADDRESS 13920 SW 104 AVE  
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE  
NAME GARCIA, LAZARO  
STREET ADDRESS 12049 SW 75 ST  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME HOI, SANG YEUNG  
STREET ADDRESS 13380 BISCAYNE BAY DR  
CITY-ST-ZIP NO MIAMI FL 33181

TITLE D ☐ DELETE  
NAME YING, HO  
STREET ADDRESS 650 SOUTHSHORE DR  
CITY-ST-ZIP MIAMI BEACH FL 33141

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

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Jose Garcia, Jr.  
1.3 STREET ADDRESS 12425 SW 95th Ave.  
1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JIM SINGLETARY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 305-238-6436

CR2E034 (11/98)

0260777