2000 UNIFORM BUSI[illegible]SS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90414 001 ***150.00
05-24-2000 90414 002 *****8.75

DOCUMENT # P96000089565

1. Entity Name

TROPICAL MEDICINE, CORP.

Principal Place of Business	Mailing Address
111 NE 2ND AVE., #1903 MIAMI FL 33132 US	111 NE 2ND AVE., #1903 MIAMI FL 33132-2534 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3500 SW 89 CT	3500 SW 89 CT
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Miami, Florido	City & State: Miami, Florida
Zip 33165 / Country US	Zip 33165 / Country US

4. FEI Number 65-0707426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, BARBARA E. V
3030 COLLINS AVE.
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: Barbara E Valdes Hernandez
Street Address (P.O. Box Number is Not Acceptable): 3500 SW 89 CT
City: Miami FL Zip Code 33165

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE x Barbara E Valdes (President) x [signature] 04-20-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE[illegible] After MA[illegible] $150.0[illegible] Check Pay[illegible] Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE (PRESIDENT) NAME Barbara Valdes STREET ADDRESS 3500 SW 89 CT CITY-ST-ZIP Miami, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Barbara Valdes (President) [signature] 04/20/2000 (305)2281686