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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700020893

1. Corporation Name

TROPICALIA ENTERPRISES, INC.

	EN ENTERN MOLOS MO	·				
Principal Place of Business Mailing Address					( (58)) 21 ( 18 19)	
8296 NW 56 STREET - 8051 NW 36TH STREET						
MIAMI FL 33166 600			DO NOT WRITE IN THIS SPACE			
MIAMI FL 33166						HIS SPACE
					3. Date Incorporated or Qualifed 03/06/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
2. Fillicipal Flace of Sections					65-0733426	Not Applicable
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.					1	\$8.75 Additional
Suite, Apr. II, oto.					5. Certificate of Status Desired	Fee Required
22     27					6. Election Campaign Financing	\$5.00 May Be
_ Gity a State				•	Trust Fund Contribution	Added to Fees
23 Zin	Country	Zip .	Count	ry	8. This corporation owes the current year	ar Intangible
Zip		29 3	0		Personal Property Tax.	Yes □No
24	25 25 Of Name and Address of Curren	1=-1	<u> </u>		10. Name and Address of New Register	ered Agent
9. Name and Address of Current Registered Agent				1 Name		
SOARES, DIVINO M 8296 NW 56 STREET			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33166			a	3	1	W. 1
MILATOR F. L. GOLDO			-	i :	<u> </u>	31, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,
11. Pursuant to the Jove Ms of Sections 607,0502 and 607,1508, Florida Statutes				4 City	The state of the purpose	FL 85 Zip Code
office of ragent. I a	to the 30 vie the of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga				poration submits this statement for the purpose tion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R		gent signature requi	red when reinstating) / DAT	E AND DIDECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	PSD DELETE 1.		1,1 TITLE		Agrical States	Citatige   Addition
NAME	SOARES, DIVINO M		1.2 NAM	£		
STREET ADDRESS	ACCO NEW TO OTDEET			EET ADDRESS	•	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY	-ST-ZiP		
TITLE	VTD	☐ DELETE	2.1 TITU	Ē		☐ Change ☐ Addition
NAME	SOARES, MARILENE M		2.2 NAM	E ]	·	
	8296 NW 56 STREET		2.3 STR	EET ADDRESS		
STREET ADDRESS	BHARD FE 00100		2.4 CIT	Y-ST-ZIP		
CITY-ST-ZIP	MIAWITE 33100	DELETE	3.1 TITL			Change Addition
TITLE SQ.	REPORTED IN THE		3.2 NAM			1
NAME .	\$450 98 5 MM	•		EET ADDRESS		a company of the early of the configuration of the
STREET ADDRESS	REET ADDRESS Control of the Control		1			[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
CITY-ST-ZIP	CITY-ST-ZIP3.		3.4. CIT 4.1 TITL	Y-ST-ZIP		Change Addition
TITLE	1	☐ DETE (E				
NAME	150		4. 2 NA		•	
STREET ADDRESS		. 55.3	4.3 STR	EET ADORESS		
CITY ST. 7ID	1	495 (1.54 °C)	4.4 CFD	/-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 supplience that I am an officer or director of the corporation or they see 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 ones, and that my name address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

级独自并进 海军的

March Fronts

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90061 023 \*\*\*158.75

Change

Change

Addition

☐ Addition