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

**CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000040351 (3)

TROPICAM CORP.

## **FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Bu	siness	Mailing Address	Mailing Address			
1815 NE 144 STREET		1815 NE 144 STREET				
NO MIAMI FL 33181		NO MIAMI FL 33181				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/06/1997
2. Principal Place of	Business	2a. Mailing Address				4. FEI Number Applied For
21		26				しら- じ7ら0フょう Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27				Certificate of Status Desired     Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28			····	Trust Fund Contribution
j Zip	Country	Zip	<b>├</b> ─¬	untry		8. This corporation owes or has paid the current year lottersible
24	25	29	30			Personal Property Tax due June 30. Yes (SN)  10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent					Name	IV. Name and Address of New Hegistered Agent
CORPORATE CREATIONS ENTERPRISES INC				81		
4521 PGA BLVD #211				82	Street Add	ress (P.O. Box Number is Not Acceptable)
PALM BE	CH GARDENS FL 33418			83		
				84	City	FL 85 Zip Code
11. Pursuant to the r	provisions of Sections 607.0°	02 and 607.1508. Florida Sta	tutes, the	above	-named cori	poration submits this statement for the purpose of changing its registered
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, typod or printed name of registered agent and to cit's applicable (NOTE Registered Agent signature required whon reinstaling)  DATE						
12.	OFFICERS A	ND DIRECTORS	13	•		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D		DELETE	11	TITLE		Change Addition
NAME BOI	udreau, gaston		12	NAME		
STREET ADDRESS 1815 NE 144 STREET			1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP NO	MIAMI FL 33181		1.4	CITY-S	T-ZIP	
TITLE		☐ DELETE	DELETE 2.1 TITLE			Change Addition
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREET	ADDRESS	
CITY-ST-ZIP					ST-ZIP	☐ Change ☐ Addition
TITLE		T DETEIF		TOLE		Criange C Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE		CITY-5 TITLE	i I - ZIP	Change Addition
TITLE		נ_ ו מרכנונ		NAME		_ Change _ Manual
NAME					ADDRESS	
STREET ADDRESS				STREET CITY-S		
CITY-ST-ZIP		DELETE		TITLE	1-217	Change Addition
TITLE		<u></u>		NAME		
NAME OTDEET ANDRESS					ADDRESS	
STREET ADDRESS			4	CITY-S	· •	
CITY-ST-ZIP TITLE		DELETE		TITLE	0 - Etf	☐ Change ☐ Addition
NAME				NAME		_ · _ · ·
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-S		
VIII-91-20			3.7	2011	. F.	

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.

GACIO IL ROUNZIEND 4/13/98