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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90105 003 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000044395

1. Corporation Name
TROPICAL GEAR INCORPORATED



Principal Place of Business
 720 VERONA LAKE DRIVE
 WESTON FL 33326

Mailing Address
 P.O. BOX 5121
 HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **5340 NW 161st STREET**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State
HIALEAH, FL

27 City & State

24 Zip **33014** 25 Country **DADE**

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/15/1997

4. FEI Number

65-0839959

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

9. Name and Address of Current Registered Agent

QUAN, JAIME
 720 VERONA LAKE DRIVE
 WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name **JAI ME QUAN**

82 Street Address (P.O. Box Number is Not Acceptable)
5340 NW 161st STREET

84 City **HIALEAH**

85 Zip Code **FL 33014**

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 *Jaime Quan*

JAI ME QUAN

4/20/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **QUAN, JAIME**
 STREET ADDRESS **[REDACTED] 5340 NW 161st STREET**
 CITY-ST-ZIP **[REDACTED] HIALEAH, FL 33014**

1.1 TITLE Change Addition
 1.2 NAME **QUAN, JAIME**
 1.3 STREET ADDRESS **5340 NW 161st STREET**
 1.4 CITY-ST-ZIP **HIALEAH, FL 33014**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 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:

Jaime Quan SIGNATURE RE: JAI ME QUAN

4/20/99

305-625-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)