

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90039 030 ***158.75

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DOCUMENT # **P97000082039**

1. Corporation Name

TROPICAL HOME SWEET HOME, INC.

Principal Place of Business

**3850 SW 87 AVE #301
MIAMI FL 33165**

Mailing Address

**3850 SW 87 AVE #301
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0830287

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 9865 S.W. 168 St
Suite, Apt. #, etc.

2a. Mailing Address

26 9865 S.W. 168 St
Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Country

24 33157 **25 DADE**

Country

29 33157 **30**

9. Name and Address of Current Registered Agent

**DE CASTRO, ARMANDO
3850 SW 87 AVE #301
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

Amelia Carlos

82 Street Address (P.O. Box Number is Not Acceptable)

9865 S.W. 168th St.

83

84 City

Miami

85 Zip Code

FL 33157

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

Amelia Carlos

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

(NOTE: Registered Agent signature required when reinstating)

1/05/99

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DE CASTRO, ARMANDO**
STREET ADDRESS **3850 SW 87 AVE #301**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **STD** ☐ DELETE
NAME **PEREZ, MARGARITA E**
STREET ADDRESS **3850 SW 87 AVE #301**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **President, Secretary, Treasurer**
1.3 STREET ADDRESS **Carlos, Amelia**
1.4 CITY-ST-ZIP

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:

Amelia Carlos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amelia Carlos 305 2618833

Date

Daytime Phone #

CR2E034 (11/98)