FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG 10 PM 12:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S49765 (8)

1. Corporation Name
TROPICAL TREASURES, INC.

Principal Place of Business
19201 COLLINS AVENUE
NO. MIAMI BEACH FL 33160
US

Mailing Address
~~16649 N.E. 19TH AVENUE~~
~~N MIAMI BEACH FL 33162~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 17064 W. DIXIE HWY
Suite, Apt. #, etc.
27
City & State
28 NO. MIAMI BEACH
Zip 29 33160-3723 Country 30 US

4. FEI Number: 65-0260311
☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ ~~NO~~

9. Name and Address of Current Registered Agent

~~ALMAN, MARTIN~~
~~16649 N.E. 19TH AVENUE~~
~~N MIAMI BEACH FL 33162~~

10. Name and Address of New Registered Agent

61 Name ALMAN, MARTIN
62 Street Address (P.O. Box Number is Not Acceptable) 17064 W. DIXIE HWY
63
64 City NO. MIAMI BEACH FL 65 Zip Code 33160-3723

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] DATE 5/4/95
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	VP/SD	☒ Change ☐ Addition
NAME	DUBOVY, NACHUM	1.2 NAME	DUBOVY, NACHUM	
STREET ADDRESS	~~16649 N.E. 19TH AVE.~~	1.3 STREET ADDRESS	19201 COLLINS AVE	
CITY-ST-ZIP	~~N MIAMI BEACH FL~~	1.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33160	
TITLE		2.1 TITLE	P	☐ Change ☒ Addition
NAME		2.2 NAME	DUBOVY, GIZELLA	
STREET ADDRESS		2.3 STREET ADDRESS	19201 COLLINS AVE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33160	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] NACHUM DUBOVY 5/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170141 CP