Zip Code

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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 # \$59040

Country

9. Name and Address of Current Registered Agent

25

PARUOLO'S TROPICAL TREE FARM, INC.

Principal Place of Business 13301 S.W. 192ND STREET MIAMI FL 33177

2. Principal Place of Business

PICHARDO, JOSE

9360 SUNSET DR SUITE 287

MIAMI FL 33173

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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13301 S.W. 192ND STREET MIAMI FL 33177

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90004 047 ***150.00

	DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed								
	06/07/1991								
	4. FEI Number	Applied For							
	65-0359405	Not Applicable							
	5. Certifcate 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 Intangitude Personal Property Tax.								
10. Name and Address of New Registered Agent									

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

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.

Country

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City

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agent. Fam familial with, and accept the congations of, Section 607,0505, Fibrida Ottoboos.										
SIGNATURE 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	VPSD	ELETE	1.1 TITLE	V \$ S ₹ V		☐ Change	Addition			
NAME	PARUOLO, CHARLES		1.2 NAME	Paruolo Jean			Ì			
STREET ADDRESS	13301 S.W. 192ND STREET	i	1.3 STREET ADDRESS	13701 501 193	s+		ł			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	13301 SW 193	FL 331	77				
TITLE		ELETE	2.1 TITLE			Change	☐ Addition			
NAME	PAROULO, JOSEPH		2.2 NAMÉ							
STREET ADDRESS	13301 S.W. 192 STREET	1	2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP							
TITLE		ELETE	3.1 TITLE			Change	☐ Addition			
NAME			3.2 NAME				ţ			
STREET ADDRESS			3.3 STREET ADORESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE			Change	☐ Addition			
NAMÉ			4, 2 NAME							
STREET ADDRESS			4.3 STREET ADORESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETÉ	5.1 TITLE		•	Change	☐ Addition }			
NAME			5.2 NAME				1			
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CITY-ST-ZIP			5,4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE			Change	Addition			
NAME			6.2 NAME				ļ			
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP	We should be in a supplied with this filling along mot		6.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		<u> </u>			

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 eath; 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (305)233-5269 Dayting Phone #