

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 PM 1:05

DOCUMENT # V12525 (4)

1. Corporation Name

TROPIC ELECTRIC, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**481 N.E. 189TH STREET
MIAMI FL 33179
US**

Mailing Address

**481 N.E. 189TH STREET
MIAMI FL 33179
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/10/1992	3a. Date of Last Report 02/14/1994
4. FEI Number 65-0311539	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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SAMUELS, CALVIN M.
7925 INDIGO STREET
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name Calvin M. Samuels
82 Street Address (P.O. Box Number is Not Acceptable) 970 N.W. 185 Terrace
83
84 City Pembroke Pines
85 Zip Code FL 33029

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

(NOTE: Registered Agent signature required when retaining)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SAMUELS, CALVIN M.	1.2 NAME	
STREET ADDRESS	7925 INDIGO STREET	1.3 STREET ADDRESS	970 N.W. 185 TERRACE
CITY - ST - ZIP	MIRAMAR FL	1.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33029
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	SAMUELS, BEVERLEY	2.2 NAME	
STREET ADDRESS	7925 INDIGO STREET	2.3 STREET ADDRESS	970 N.W. 185 TERRACE
CITY - ST - ZIP	MIRAMAR FL	2.4 CITY - ST - ZIP	PEMBROKE PINES, FL 33029
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 110.07(3)(k), 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.

SIGNATURE:

Beverley Samuels

BEVERLEY SAMUELS VICE PRESIDENT 4/5/95 (305) 653-0772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Number #