FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996 3-22-96 B- 2616 C

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

DOCUMENT # **V58550** (7)

1. Corporation Name
TROPICS WAY CORPORATION INC.

Principal Place of Business
1008 E 16 ST
HIALEAH FL 33010
US

Mailing Address
9062 NW 147 TERR
MIAMI FL 33016
US

2. Principal Place of Business
21 1008 E 16 ST
Suite, Apt. #, etc.
22
City & State
23 HIALEAH FL 33010
24 Zip 33010 | 25 Country USA

2a. Mailing Address
26 9062 NW 147 TERR
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
29 Zip 33016 | 30 Country US

3. Date Incorporated or Qualified: 08/19/1992
3a. Date of Last Report: 05/16/1995
4. FEI Number: 65-0356381 — 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

AGOSTINELLI, MICHELE
9062 NW 147 TERR
MIAMI FL 33016

10. Name and Address of New Registered Agent
81 Name: AGOSTINELLI MICHELE
82 Street Address (P.O. Box Number is Not Acceptable) SAME
83
84 City — FL — 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AGOSTINELLI, MICHELE	
STREET ADDRESS	9062 NW 147 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	AGOSTINELLI, SALVADOR	
STREET ADDRESS	9062 NW 147 TERR	
CITY-ST-ZIP	MIAMI FL	
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 / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SAME	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SAME.	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3 18 96
Daytime Phone #: (305) 887 0116