

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K18438

**Entity Name:** JC TROPICAL FOODS, INC.**Current Principal Place of Business:**10200 NW 21ST STREET  
SUITE 112  
DORAL, FL 33172**Current Mailing Address:**PO BOX 520921  
MIAMI, FL 33152 US**FEI Number:** 65-0087577**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPOTE, NIBALDO J.  
10200 NW 21ST STREET  
SUITE 112  
DORAL, FL 33172 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NIBALDO CAPOTE**05/20/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | DPC                  |
| Name            | CAPOTE, CARLOS       |
| Address         | 5924 ALTON RD        |
| City-State-Zip: | MIAMI BEACH FL 33140 |

|                 |                   |
|-----------------|-------------------|
| Title           | DVP               |
| Name            | CAPOTE, NIBALDO J |
| Address         | 3965 LEAFY WAY    |
| City-State-Zip: | MIAMI FL 33133    |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | DVP                               |
| Name            | CAPOTE, ADRIAN                    |
| Address         | 10200 NW 21ST STREET<br>SUITE 112 |
| City-State-Zip: | DORAL FL 33172                    |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | VP.                               |
| Name            | CAPOTE, NIBALDO                   |
| Address         | 10200 NW 21ST STREET<br>SUITE 112 |
| City-State-Zip: | DORAL FL 33172                    |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NIBALDO CAPOTE**MANAGER****05/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date