

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G88761** (3)

1. Corporation Name

TROPICAL MOTOR CARS, INC.



Principal Place of Business

11400 NW 7 AVE
MIAMI FL 33168

Mailing Address

11400 NW 7 AVE
MIAMI FL 33168

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

REITER, SHELLY
11350 NW 7TH AVE
MIAMI FL 33168

3. Date Incorporated or Qualified

03/05/1984

3a. Date of Last Report

03/24/1995

4. FET Number

59-2364540

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

10. Name and Address of New Registered Agent

81 Name

Leanne Reiter

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

1460 Stillwater Drive

83

84 City

Miami Beach

FL

85 Zip Code

33141

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

Leanne Reiter

1/29/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	PSD			<input checked="" type="checkbox"/>	DELETE		
	REITER, SHELLY	1250 STILLWATER DR	MIAMI BEACH FL				
	ST			<input type="checkbox"/>	DELETE		
	REITER, LORNE	1460 STILLWATER DRIVE	MIAMI BEACH FL				
				<input type="checkbox"/>	DELETE		
				<input type="checkbox"/>	DELETE		
				<input type="checkbox"/>	DELETE		
				<input type="checkbox"/>	DELETE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition

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)(b), 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. 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: *Leanne Reiter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres
1/29/96
305-757-5518
Date Telephone

CR2E034 (12/95)