

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M58637 (3)

1. Corporation Name
TROPICAL TIME, INC.



Principal Place of Business	Mailing Address
C/O ELIAHU BENSCHMUEL 16300 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162-4879	C/O ELIAHU BENSCHMUEL 16300 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162-4879

2. Principal Place of Business	2a. Mailing Address
21 152 NE 167th Street Suite, Apt. #, etc. 22 2ND Floor City & State 23 N. Mia. Bch, FL Zip 24 33162	26 152 NE 167th Street Suite, Apt. #, etc. 27 2ND Floor City & State 28 N. Mia. Bch, FL Zip 29 33162

3. Date Incorporated or Qualified 09/03/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0009082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BENSCHMUEL, ELIAHU
16300 NE 19TH AVENUE
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name Eliahu Ben-Shmuel
82 Street Address (P.O. Box Number is Not Acceptable) 152 NE 167th Street
83 2ND Floor
84 City N. Mia. Bch, FL
85 Zip Code 33162

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BENSCHMUEL, ELIAHU
STREET ADDRESS	16300 N.E. 19TH AVENUE
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BEN-SCHMUEL, LIOR
STREET ADDRESS	16300 N.E. 19TH AVENUE
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ben-Shmuel
1.3 STREET ADDRESS	152 NE 167TH Street 2ND Floor
1.4 CITY-ST-ZIP	N. Mia. Bch, FL 33162
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	152 NE 167th Street 2ND Floor
2.4 CITY-ST-ZIP	N. Mia. Bch, FL 33162
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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]* **3-28-96** **305-947-9722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)