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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000000311 (1)

1. Corporation Name

THE TROPICAL RESORT CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

6865 BAY DRIVE  
MIAMI BEACH FL 33141

6865 BAY DRIVE  
MIAMI BEACH FL 33141-5486

3. Date Incorporated or Qualified  
01/25/1993

3a. Date of Last Report  
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
65-0580076

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

10. Name and Address of New Registered Agent

BAUMBERGER, HANS  
3399 PONCE DE LEON BLVD  
STE 202  
CORAL GABLES FL 32134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME ALTIRRIBA, JUAN  
STREET ADDRESS 6865 BAY DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33141

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 3399 Ponce de Leon Blvd. #202  
1.4 CITY-ST-ZIP Coral Gables, FL 33134

TITLE VD  DELETE  
NAME GILI, FRANCISCO  
STREET ADDRESS 6865 BAY DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33141

2.1 TITLE  Change  Addition  
2.2 NAME D. Delgado, Daisy  
2.3 STREET ADDRESS 6865 Bay Drive Unit 15  
2.4 CITY-ST-ZIP Miami Beach, FL 33141

TITLE TD  DELETE  
NAME BAUMBERGER, HANS  
STREET ADDRESS 1285 MARSEILLE DRIVE  
CITY-ST-ZIP MIAMI BEACH FL

3.1 TITLE  Change  Addition  
3.2 NAME H.S.V.  
3.3 STREET ADDRESS 3399 Ponce de Leon Blvd. #202  
3.4 CITY-ST-ZIP Coral Gables, FL 33134

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4/21/97

(305) 461-5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029805

CR2E037 (9/96)