


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90054 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name
 N930000 00311
 THE TROPICAL RESORT CONDOMINIUM, INC.

DEPARTMENT OF STATE _____

Principal Place of Business: 6865 Bay Drive, Miami Beach, FL 33141
 Mailing Address: 3399 Ponce De Leon Blvd. Suite 202, Coral Gables, FL 33134

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	2b. 2151 LeJeune Rd.	1/25/93
23. City & State	27. Suite, Apt. #, etc.	4. FEI Number
24. Zip	27. 305	65-0580076
25. Country	28. Coral Gables, FL	Applied For
29. 33134	29. 33134	Not Applicable
30. USA	30. USA	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Hans Baumberger 3399 Ponce De Leon Blvd. Suite 202 Coral Gables, FL 33134	81. Name: Samuel A. Persaud, Esq. 82. Street Address (P.O. Box Number is Not Acceptable): PERSAUD & DECKER, Attorneys at Law 83. 1450 Madruga Ave., #300 84. City: Coral Gables, FL 85. Zip Code: 33146

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]* DATE: 6/31/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President/Director <input checked="" type="checkbox"/> DELETE	NAME: Juan Altirriba	1.1 TITLE: President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 3399 Ponce De Leon Blvd. #202	CITY-ST-ZIP: Coral Gables, FL 33134	1.2 NAME: James Goodwill	
TITLE: Director/Treasurer <input checked="" type="checkbox"/> DELETE	NAME: Daisy Delgado	1.3 STREET ADDRESS: 6865 Bay Drive, #2	
STREET ADDRESS: 6865 Bay Drive, #15	CITY-ST-ZIP: Miami Beach, FL	1.4 CITY-ST-ZIP: Miami Beach, FL 33141	
TITLE: Director/Secretary/Vice Pres. <input checked="" type="checkbox"/> DELETE	NAME: Hans Baumberger	2.1 TITLE: Director/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 3399 Ponce De Leon Blvd., #202	CITY-ST-ZIP: Coral Gables, FL 33134	2.2 NAME: Michael Sobkowicz	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS: 6865 Bay Drive, #14	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP: Miami Beach, FL 33141	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: Luis Uquillas	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS: 6865 Bay Drive, #23	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP: Miami Beach, FL 33141	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I 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, with all other like empowered.

SIGNATURE: *James Goodwill* James Goodwill DATE: 5/26/99 305 867-1678
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #