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Jun 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000311

1. Corporation Name **THE TROPICAL RESORT CONDOMINIUM, INC.**

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 2151 LeJeune Rd. 27 Suite, Apt. #, etc. 28 305 29 City & State 30 Coral Gables, FL 31 Zip Country 32 33134 USA	3. Date Incorporated or Qualified 1/25/93 4. FEI Number 65-0580076 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
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9. Name and Address of Current Registered Agent Hans Baumberger 3399 Ponce De Leon Blvd. Suite 202 Coral Gables, FL 33134	10. Name and Address of New Registered Agent 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
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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] (NOTE: Registered Agent signature required when reinstating) DATE 6/3/99

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

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 5/26/99 305 867-1678
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #