

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000036768 (8)**

1. Corporation Name  
**TRONOR ASSOCIATED INVESTORS, INC.**



Principal Place of Business  
**5130 NW 17TH AVE MIAMI FL 33142 US**

Mailing Address  
**5130 NW 17 AVE MIAMI FL 33142-3814 US**

3. Date Incorporated or Qualified **05/12/1993** 3a. Date of Last Report **09/23/1996**

4. FEI Number **65-0412111** 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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

9. Name and Address of Current Registered Agent

**VIERA, MAGDALENA**  
**8916 NW 112 ST**  
**HIALEAH GARDENS FL 33018**

10. Name and Address of New Registered Agent

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>VECIANA, LEONOR</b>	
STREET ADDRESS	<b>2655 W 67 PL #22</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DECASTRO, MARSHALL</b>	
STREET ADDRESS	<b>6969 COLLINS AVE. UNIT 901</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>de Castro Marcial</b>	
1.3 STREET ADDRESS	<b>6969 Collins Ave Apt 901</b>	
1.4 CITY-ST-ZIP	<b>Miami Beach, Fl. 33141</b>	
2.1 TITLE	<b>V/T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Veciana, Leonor</b>	
2.3 STREET ADDRESS	<b>2655 W 67 PL #22</b>	
2.4 CITY-ST-ZIP	<b>Hialeah, Fl. 33016</b>	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **DATE:** **JAN 3, 1997** **DAYTIME PHONE #:** **(305) 693-5150**

CR2E034 (9/96)