

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 # **P95000033728 (3)**

1. Corporation Name

TROPICAL TRADING AND CARGO, INC.



Principal Place of Business

Mailing Address

5513 N.W. 72 AVE.
MIAMI FL 33166

5513 N.W. 72 AVE.
MIAMI FL 33166

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0578572

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

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

81 Name

W. D. LUNSFORD

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

7255 BLUE SHORE ROAD

83

84 City

GRANT

FL

85 Zip Code

32949

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

W. D. Lunsford

W. D. LUNSFORD AT

4-26-96

Signature, typed or printed name of registered agent and the corporation

4-26-96, Registered Agent Signature required when changing

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	INTRIAGO, JOSE R	
STREET ADDRESS	5513 N.W. 72 AVE.	
CITY - ST - ZIP	MIAMI FL 33166	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	P/C ELENIZE MARQUES	
3. STREET ADDRESS	12650 77th STREET	
4. CITY - ST - ZIP	Fellsmere, FL 32948	
2. TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	MAR A. MARQUES	
3. STREET ADDRESS	12650 77th STREET	
4. CITY - ST - ZIP	FELLSMERE, FL. 32948	
3. TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	CARLO MARQUES	
3. STREET ADDRESS	12650 77th STREET	
4. CITY - ST - ZIP	FELLSMERE, FL. 32948	
4. TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	MARCELO NEVES	
4. STREET ADDRESS	12650 77th STREET	
4. CITY - ST - ZIP	FELLSMERE, FL. 32948	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY - ST - ZIP		
6. TITLE	AT/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	W. D. LUNSFORD	
6. STREET ADDRESS	7255 BLUE SHORE ROAD	
6. CITY - ST - ZIP	GRANT, FL. 32949	

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:

W. D. Lunsford

4-26-96

407-664-6920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.

CR2E034 (12/95)