

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 4:01

DOCUMENT # 855682 (1)

1. Corporation Name
TROPICAL CENTER N.V.

Principal Place of Business Mailing Address
2307 DOUGLAS ROAD, SUITE 500 2307 DOUGLAS ROAD, SUITE 500
MIAMI FL 33164-7533 MIAMI FL 33164-7533

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/23/1983 3a. Date of Last Report 02/09/1994
4. FEI Number 52-1289177 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 2a. Mailing Address
21 2307 Douglas Rd, 4*Floor 26 2307 Douglas Rd. \$*Floor
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite # 400 27 Suite # 400
City & State City & State
23 Miami, Florida 28 Miami, Florida
Zip Country Zip Country
24 33145 25 U.S.A. 29 33145 30 U.S.A.

9. Name and Address of Current Registered Agent
CONTINENTAL PROMOTION REALTY CORPORATION
2307 DOUGLAS RD
S500
MIAMI FL 33145

10. Name and Address of New Registered Agent
81 Name INTERNATIONAL SUNSHINE CORP.
82 Street Address (P.O. Box Number is Not Acceptable) 2307 Douglas Rd,
83 Suite # 400
84 City Miami, Florida FL 85 Zip Code 33145

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 *Wilson J. Alayo - President* DATE 3/15/95
Signature, typed or printed name of registered agent, if any, when not a director. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FIRST INDEPENDENT TRUST
STREET ADDRESS	740 NE 167 STREET #66
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	S
NAME	HELLBURG, ANA A.
STREET ADDRESS	740 NE 167 STREET #66
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	A
NAME	ALAYO, WILSON J
STREET ADDRESS	2307 DOUGLAS RD.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or in any attachment with an address.

SIGNATURE: *Wilson J. Alayo - Attorney in fact* DATE 3/15/95 (305) 445-9001
Signature and typed or printed name of signing officer or director