


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90006 013 ***558.75

DOCUMENT # 855682	
1. Entity Name TROPICAL CENTER N.V.	

Principal Place of Business 2307 DOUGLAS ROAD 500 MIAMI, FL 33145 US	Mailing Address 2307 DOUGLAS ROAD 500 MIAMI, FL 33145 US
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1289177	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INTERNATIONAL SUNSHINE CORP
2307 DOUGLAS ROAD
SUITE 500
MIAMI, FL 33145**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD	FIRST INDEPENDENT TRUST
NAME	740 NE 167 STREET #66 NORTH MIAMI, FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE A	ALAYO, WILSON J
NAME	2307 DOUGLAS RD. MIAMI, FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE A	ZINGG, EDGARDO
NAME	2307 DOUGLAS ROAD, #500 MIAMI, FL 33145
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilson J. Alayo* **Wilson J. Alayo - Attorney in fact** 6/30/04 305-445-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #