CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		_	DIVISION OF CORPORATION 96 NOV -6 AM 10: 18
DOCUMENT # 316881  1. Corporation Name				AMENDED	-6 AMIO: 18
TROPIC INSURANCE AG					
Principal Place of Business	Mailing Addre		aet		
1215 SW 7 Street Miami, FL 33135		SW 7 Stre i, FL 33		3. Date libcorporated or Qualified 05/17/1967	01/13/1995
2. Principal Place of Business	2a. Mailing Ad	ddress		4. FEI Number	Applied For Not Applicable
	26 Suite, Apt		<u> </u>	59-1171654  5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	27			Certificate of Status Desired     Election Campaign Financing	9 \$5.00 May Be
City & State	City & Sta			Trust Fund Contribution	Added to Fees for intangible tax under s. 199.032.
Zip Country	Zip	30	Country	Florida Statutes LX Ye	es I No
9. Name and Address of C	29 Current Registered Age		81 Name	10. Name and Address of New	
Micmi, FI 33165	1215 SW Miani, FL	Florida Stehal	84 City	corporation submits this statement for t	the purpose of changing its registered accept the appointment as registered
11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE RUBEN MARRES Signature Typed or printed name of register.  12. OFFICE	S07.0502 and 607.1508. Five State of Florida Such of e obligations of. Section RO PVS/T stered agent and title if apphicable.  RS AND DIRECTORS	Florida Statutes, change was autho 607.0505. Florida / D (NOTE: Re	the above-named of zed by the dorp a Statutes.  Statutes.  Supplied Agent advance  13.	required when reinstating)  ADDITIONS/CHANGES TO C	
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