

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 # 316881  
1. Corporation Name

TROPIC INSURANCE AGENCY, INC.

Principal Place of Business

1215 SW 7 Street  
Miami, FL 33135

Mailing Address

1215 SW 7 Street  
Miami, FL 33135

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

3. Date Incorporated or Qualified  
05/17/1967

3a. Date of Last Report  
01/13/1995

4. FEI Number

59-1171654

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

MARRERO, RUBEN  
9553 SW 18 Terrace  
Miami, FL 33165

1215 SW 7 Street  
Miami, FL 33135

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 RUBEN MARRERO, P/V/S/T/D

(NOTE: Registered Agent signature required when reinstating)

DATE

11-4-96

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME Marrero Jr., Ruben  
STREET ADDRESS 1215 SW 7 Street  
CITY-ST-ZIP Miami, FL 33135

TITLE ST  
NAME Marrero, Maria  
STREET ADDRESS 1215 SW 7 Street  
CITY-ST-ZIP Miami, FL 33135

TITLE M  
NAME Gonzalez, Maria  
STREET ADDRESS 1215 SW 7 Street  
CITY-ST-ZIP Miami, FL 33135

TITLE D  
NAME Marrero, Emilio  
STREET ADDRESS 1215 SW 7 Street  
CITY-ST-ZIP Miami, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

P/V/S/T/D

Marrero, Ruben  
1215 SW 7 Street  
Miami, FL 33135

300002001803--9  
-11/12/96--01024--005

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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: Ruben Marrero, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-96

305 858-1214

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV -6 AM 10:18

AMENDED