

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 # **855682** (1)

1. Corporation Name
TROPICAL CENTER N.V.



Principal Place of Business: **2307 DOUGLAS ROAD STE 400 MIAMI FL 33145 US**
Mailing Address: **2307 DOUGLAS ROAD STE 400 MIAMI FL 33145 US**

3. Date Incorporated or Qualified: **02/23/1983**
3a. Date of Last Report: **03/22/1995**
4. FET Number: **52-1289177**
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: **21 2307 Douglas Rd. Suite # 500 Miami, Florida 33145 U.S.A.**
2a. Mailing Address: **26 2307 Douglas Rd. Suite # 500 Miami, Florida 33145 U.S.A.**

9. Name and Address of Current Registered Agent: **INTERNATIONAL SUNSHINE CORP 2307 DOUGLAS ROAD STE 400 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 ROAD 83 SUITE # 500 84 City: MIAMI, FLORIDA FL 85 Zip Code: 33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE: **Wilson J. Alayo** - President - **4-20-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRST INDEPENDENT TRUST	1.2 NAME	
STREET ADDRESS	740 NE 167 STREET #68	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLBURG, ANA A.	2.2 NAME	
STREET ADDRESS	740 NE 167 STREET #68	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	A <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAYO, WILSON J	3.2 NAME	
STREET ADDRESS	2307 DOUGLAS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing was 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 recorder 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: **Wilson J. Alayo** - Attorney in Fact **4-20-96**

CRE034 (12/95)