

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:51

DOCUMENT # **K16191** (4)

1. Corporation Name

TROPICAL STRUCTURES CORPORATION

Principal Place of Business

Mailing Address

% ANA MARIA ANGULO
2151 S LEJEUNE RD. #310
CORAL GABLES FL 33134

% ANA MARIA ANGULO
2151 S LEJEUNE RD. #310
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/23/1988** 3a. Date of Last Report **03/24/1994**

4. FEI Number **65-0097353** 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

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANGULO, ANA MARIA
2151 S LEJEUNE RD
SUITE 310
CORAL GABLES FL 33134

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **PD**
NAME **ANGULO, VICTOR**
STREET ADDRESS **2151 S LEJEUNE RD #310**
CITY - ST - ZIP **CORAL GABLES FL 33134**

1.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.2 NAME

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CITY - ST - ZIP

1.3 STREET ADDRESS

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1.4 CITY - ST - ZIP

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2.1 TITLE Change Addition

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6.1 TITLE Change Addition

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6.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

1/30/95 3746640