

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

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mantham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K81574 (1)**

1. Corporation Name  
**TRONCO AMERICA CORP.**



Principal Place of Business: **3080 CENTER ST COCONUT GROVE FL 33133**  
 Mailing Address: **3080 CENTER ST COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified <b>04/19/1989</b>	3a. Date of Last Report <b>04/18/1995</b>
4. FEI Number <b>65-0115700</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>701 Brickell Ave.</b>	26 <b>701 Brickell Ave.</b>
22 Suite, Apt. #, etc <b>Suite 3000</b>	27 Suite, Apt. #, etc <b>Suite 3000</b>
23 City & State <b>Miami, FL</b>	28 City & State <b>Miami, FL</b>
24 Zip <b>33131</b> Country	29 Zip <b>33131</b> Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>INTRASTATE REGISTERED AGENT CORPORATION                  701 BRICKELL AVE.                  SUITE 3000                  MIAMI FL 33131</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D STEIN, ALEJANDRO</b>	12. NAME	<b>Stein, Alejandro</b>
STREET ADDRESS	<b>177 OCEAN LANE DR #1012</b>	13. STREET ADDRESS	<b>3080 Center St.</b>
CITY-STATE-ZIP	<b>KEY BISCAYNE FL</b>	14. CITY-STATE-ZIP	<b>Miami, FL 33133-4469</b>
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V SCHWARTZ, RICHARD</b>	22. NAME	<b>Schwartz, Richard</b>
STREET ADDRESS	<b>3080 CENTER ST</b>	23. STREET ADDRESS	<b>3080 Center Street</b>
CITY-STATE-ZIP	<b>MIAMI FL</b>	24. CITY-STATE-ZIP	<b>Miami, FL 33133-4469</b>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	<b>Stein, Andre T.</b>
STREET ADDRESS		33. STREET ADDRESS	<b>3080 Center Street</b>
CITY-STATE-ZIP		34. CITY-STATE-ZIP	<b>Miami, FL 33133</b>
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	<b>Maynard, Carl K.</b>
STREET ADDRESS		43. STREET ADDRESS	<b>3080 Center Street,</b>
CITY-STATE-ZIP		44. CITY-STATE-ZIP	<b>Miami, FL 33133-4469</b>
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	<b>400001826214</b>
CITY-STATE-ZIP		54. CITY-STATE-ZIP	<b>-05/20/96--01001--009</b>
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<b>***200.00</b>
NAME		62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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, as changed, or on an attachment with an address.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR-24-96 447-9229  
 DATE DATE

CR2E034 (12/95)