FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K81574

(1)

TRONCO AMERICA CORP.

FILED Apr 21 1997 8:00am Secretary of State

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Principal Place of Businoss Malling Address										
Principal Place of Business 201 BRICKELL AVE. SUITE 8000 MIAMI FL 33131		701 SUIT	701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131-2847 US							
J\$	US					3. Date Incorporated or Qualified 04/19/1989	Į.	e of Last Report 1/1996		
2. Principal Place of Business			2a, Mailing Address				4. FEI Number		Applied For	
<u> </u>	26	26				65-0115700	Not Applicable			
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Zip	Country 25	29	Zip Countr			8. This corporation has liability for intangible Florida Statutes Yes			e tax under s. 199.032, XV No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
INTRASTATE REGISTERED AGENT CORPORATION					81	Name				
701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131				į	82					
					83					
_					84	City		FL	85 Zip Code	
11. Pursuant to the pro	visions of Sections 607	.0502 and 607	1508, Florida St	atutes, the at	OOVE	-named corp	oration submits this statement for the p	urpose of o	changing its registered	

agant. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes **SIGNATURE** Signature, typed or printed name of registered agent and little if applicable (NOTE fregistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE TITLE 1.1 THLE ___ Addition stein. Alejandro 1.2 NAME NAME 380 CENTER ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33133-4669 CITY-ST-ZIP 1.4 C(TY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE SCHWARTZ, RICHARD NAME 2.2 NAME 380 CENTER ST. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33133-4669 CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 11716 STEIN, ANDRE T NAME 3.2 NAME 380 CENTER ST. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33133-4669 CITY-ST-ZIP 3.4. CITY - ST - ZIP DITETE Change Addition TITLE 4.1 HTLE MAYNARD, CARL K NAME 4. 2 NAME 380 CENTER ST. STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 33133-4669 CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DOLLETE Change Addition TITLE 5 1 10LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-7IP DEFETE Change Addition TITLE 61 HILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

4/14/97 (305)447-9779