FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K82781** **(1)**

1. Corporate Name

TROPIC-DELICIAS, INC.

Principal Place of Business: % MARY LUZ RESTREPO, 15985 NW 57TH AVE, MIAMI FL 33014

Mailing Address: % MARY LUZ RESTREPO, 15985 NW 57TH AVE, MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	04/24/1989
3a. Date of Last Report	08/12/1994
4. FEI Number	65-0207794
5. Certificate of Status Desired	X — $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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 % Cesar Chica	26 % Cesar Chica
22 1626 Alton Road	27 1626 Alton Road
23 MB	28 MB Fl
24 Fl 33139 25 Dade	29 33139 30 Dade

9. Name and Address of Current Registered Agent

RESTREPO, MARY LUZ
15985 NW 57TH AVE
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name: Cesar Chica
82 Street Address (P.O. Box Number is Not Acceptable): c/o 1626 Alton Road
83
84 City: MB FL 85 Zip Code: 33139

11. Pursuant to the provisions of ... 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 ... Florida Statutes.

SIGNATURE [signature]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	TITLE	P/S/D [X] Change [X] Addition
NAME	RESTREPO, MARY LUZ	NAME	Cesar Chica.
STREET ADDRESS	15985 NW 57TH AVE	STREET ADDRESS	c/o 1626 Alton Road
CITY-ST	MIAMI FL	CITY-ST-ZIP	MB Fl 33139
TITLE	DP	TITLE	[X] Change [ ] Addition
NAME	RESTREPO, GUILLERMO	NAME	
STREET ADDRESS	15985 NW 57TH AVE	STREET ADDRESS	
CITY-ST	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST		CITY-ST-ZIP	

14. I 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 report or supplemental 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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0084414 CP