

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K86878** (1)

1. Corporation Name
TROPICHEM RESEARCH LABS, INC.

Principal Place of Business Mailing Address
**8400 GARDEN RD
8040 BELVEDERE RD
RIVIERA BCH FL 33404
US** **% RONALD G. POWROZEK
8400 GARDEN RD
RIVIERA BCH FL 33404
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/10/1989** 3a. Date of Last Report **02/04/1994**
4. FEI Number **65-0125129** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1480 GARDEN ROAD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27
RIVIERA BEACH, FL 28
City & State
23
Zip 24 **33404** Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**POWROZEK, RONALD G.
11480 46TH PLACE, NORTH
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 of appointer (NOT Required Agent signature required when not initial)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POWROZEK, RONALD G
STREET ADDRESS	11480 46TH PLACE NORTH
CITY - ST - ZIP	ROYAL PALM BEACH FL
TITLE	VSD
NAME	MELAMED, LES
STREET ADDRESS	4005 HAWTHORNE PL
CITY - ST - ZIP	WEST PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1431 HIDEAWAY BOND
24 CITY - ST - ZIP	WELLINGTON FL 37414
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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 199.032, 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 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD G. POWROZEK

06-21-95 (407) 848-8825