

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

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L07339 (9)

1. Corporation Name

TROPICAL VILLAGE, INC.



Principal Place of Business

2655 LE JEUNE RD.
STE 908
CORAL GABLES FL 33134
US

Mailing Address

2655 LE JEUNE RD.
STE 908
CORAL GABLES FL 33134
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/04/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0158675

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALE, MICHAEL H.
3250 MARY STREET
SUITE 303
MIAMI FL FL 33133

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP ESPELETA, ALFONSO
2655 LE JEUNE RD., STE 908
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VST SALVOCH, MANUEL
2655 LE JEUNE RD. STE 908
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VST INDERBITZIN, ERNESTO
2655 LEJEUNE RD., STE 908
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VST VALLES, RODOLFO
2655 LEJEUNE ROAD, #908
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ASV SERINA, QUIRICO
2655 LE JEUNE RD., STE 908
CORAL GABLES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V GUERRERO, JOSE LUIS A
2655 LE JEUNE RD., STE 908
CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

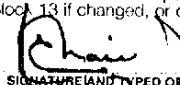
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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-05/28/96--01023--002
***1575.00

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 if changed, or on an attachment with an address.

SIGNATURE:



SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Ernesto Mañón

5/3/96

Date

442-2426

Daytime Phone #

CR2E034 (12/95)

Tropical Village Inc.
FEI NO.: 65-0158675

LD7339

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Addition

Title: AS, V
Name: Luis Hidalgo Monro y
Address: 2655 LeJeune Rd. Ste. 908
Coral Gables, FL 33134

Addition

Title: AS
name: Ofelia Whitaker
2655 LeJeune Rd., Ste. 908
Coral Gables, FL 33134

Addition

Title: V, AS
Name: Ernesto Marin
Address: 2655 LeJeune Rd., Ste. 908
Coral Gables, FL 33134