


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

FILED

Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L15760** (6)  
1. Corporation Name  
**TRICORP PANAMA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2035 N.E. 151ST STREET NORTH MIAMI BEACH FL 33162 US		Mailing Address 2035 N.E. 151ST STREET NORTH MIAMI BEACH FL 33162 US	
2. Principal Place of Business 21 <b>17140 Collins Ave. #104</b>		2a. Mailing Address 25 <b>17140 Collins Ave.</b>	
Suite, Apt. #, etc. 22 <b>N. Miami Bch., FL</b>		Suite, Apt. #, etc. 27 <b># 104</b>	
City & State 23		City & State 28 <b>N. Miami Beach, FL</b>	
Zip 24 <b>33160</b>	Country 25 <b>U.S.A.</b>	Zip 29 <b>33160</b>	Country 30
3. Date Incorporated or Qualified <b>09/08/1989</b>			
4. FEI Number <b>65-0145814</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DORTA, GONZALO R.</b> <b>1401 BRICKLE AVE</b> <b>SUITE 650</b> <b>MIAMI FL 33131</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b>	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASTRO N., FRANCISCO G.			1.2 NAME			
STREET ADDRESS	2035 NE 151 STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BCH. FL			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASTRO N., FRANCISCO G.			2.2 NAME			
STREET ADDRESS	2035 N.E. 151 STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAMPSAUR N., ISMAEL E.			3.2 NAME			
STREET ADDRESS	NO. 12-B			3.3 STREET ADDRESS			
CITY-ST-ZIP	REPUBLIC OF PANAMA			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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

Date

Daytime Phone #

0226693

CR2E034 (10/97)