SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L70117

1. Corporation Name

TROPICAL HEALTH CARE, INC.

Principal Place of Business

1550 N.E. Miami Gardens Drive
Suite 403
No. Miami Beach, FL. 33179

Mailing Address

SAME

3. Date Incorporated or Qualified: 05/03/1990

4. FEI Number: 65-0218222

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. ... Florida Statutes: [ ] Yes [✓] No

2. Principal Place of Business: Same as Above
Suite, Apt #, etc:
City & State:
Zip:
County: Dade

2a. Mailing Address: Same as Above
Suite, Apt #, etc:
City & State:
Zip:
County:

9. Name and Address of Current Registered Agent

Robert A. Geiss, J.D.
1550 N.E. Miami Gdns. Drive
Suite 403
N. Miami Beach, FL 33179

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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] 5/30/96

12. OFFICERS AND DIRECTORS

TITLE / NAME	Leonard I. Weinstein, President
STREET ADDRESS	1550 N.E. Miami Gdns. Dr.
CITY-ST-ZIP	N. Miami, FL 33179
TITLE / NAME	Vice President -Sec.
STREET ADDRESS	1550 N.E Miami Gdns Dr.
CITY-ST-ZIP	N. Miami Beach, FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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-06/20/96--01020--026
***233.75

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: [signature] 5/30/96 305-482-6998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard I. Weinstein

CR2E034 (3/96)