

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

1-2

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L97911** (6)

1. Corporation Name
TROPICAL VILLAGE INVESTORS, INC.



Principal Place of Business
**2655 LE JEUNE ROAD
STE 908
CORAL GABLES FL 33134
US**

Mailing Address
**2655 LE JEUNE ROAD
STE 908
CORAL GABLES FL 33134
US**

3. Date incorporated or Qualified **08/31/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip 24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip 29. Country

4. FEI Number **65-0215423** 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALFONSO, ESPELETA B	
STREET ADDRESS	2655 LE JEUNE RD., #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SALVOCH, MANUEL	
STREET ADDRESS	2655 LE JEUNE RD., #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VSAT	<input type="checkbox"/> DELETE
NAME	VALLES, RODOLFO	
STREET ADDRESS	2655 LE JEUNE R., #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GUERRERO, JOSE LUIS	
STREET ADDRESS	2655 LE JEUNE RD., #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SERINA, QUIRICO	
STREET ADDRESS	2655 LE JEUNE RD., #908	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VASAT	<input type="checkbox"/> DELETE
NAME	Inderbitzin, Ernesto	
STREET ADDRESS	2655 LeJeune Rd, #908	
CITY-ST-ZIP	Coral Gables, FL 33134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

900001840329
-05/28/96--01023--00 Change Addition
*****1575.00**

5/28/96

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)* **Ernesto Marin** *5/28/96* **442-0426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)

L97911

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Tropical Village Investors, Inc.

FEI NO: 65: 0515423

Addition

Title: VAS

Name: Hidalgo-Monroy, Luis

Address: 2655 LeJeune Rd, #908

Coral Gables, FL 33134

Addition

Title: AS

Name: Whitaker, Ofelia

Street Address: 2655 LeJeune Rd., Ste. 908

Coral Gables, FL 33134

Addition

Title: VAS

Name: Marin, Ernesto

Address: 2655 LeJeune Rd, Ste. 908

Coral Gables, FL 33134