

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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M98933 (8)

1. Corporation Name  
TROPIX INTERNATIONAL CORP.

Principal Place of Business  
C/O CARLYN SUSAN MATTIOLI  
7113 NW 45TH AVENUE  
COCONUT CREEK FL 33073

Mailing Address  
C/O CARLYN SUSAN MATTIOLI  
7113 NW 45TH AVENUE  
COCONUT CREEK FL 33073-3132



3. Date Incorporated or Qualified 09/16/1988	3a. Date of Last Report 04/18/1996
4. FEI Number 65-0079830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
MATTIOLI, CARLYN SUSAN  
7113 NW 45TH AVE  
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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	DP <input type="checkbox"/> DELETE
NAME	LEE, IAN CYRIL
STREET ADDRESS	7113 NW 45TH AVENUE
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	MATTIOLI, MICHAEL
STREET ADDRESS	7113 NW 45TH AVE.
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	DST <input type="checkbox"/> DELETE
NAME	MATTIOLI, CARLYN SUSAN
STREET ADDRESS	7113 NW 45TH AVE.
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	DC <input type="checkbox"/> DELETE
NAME	LEE, CYRIL
STREET ADDRESS	1001 SE 6TH AVE A206
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEE, LESLIE LOUANNE
STREET ADDRESS	16 TRINIDAD CRESCENT
CITY-ST-ZIP	PORT OF SPAIN, TR
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 954-4810052  
Date Daytime Phone #

0157306

CR2E034 (9/96)