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Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003422 (2)

1. Corporation Name

TROPICO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1805 ESPANOLA DR.
MIAMI FL 331331805 ESPANOLA DR.
MIAMI FL 33133-33033. Date Incorporated or Qualified
07/12/19943a. Date of Last Report
04/04/1996

2. Principal Place of Business

21 1614 Euclid Avenue

2a. Mailing Address

26 1614 Euclid Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0580728

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

23 Miami Beach, FL

City & State

28 Miami Beach, FL

Zip

24 33139

Country

25 Dade

Zip

29 33139

Country

30 Dade

9. Name and Address of Current Registered Agent

NEPOMECHIE, NUJIM
1805 ESPANOLA DR.
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

Graham, Michael H.

82 Street Address (P.O. Box Number is Not Acceptable)

7614 S.W. 106 Avenue

83

84 City

Miami

FL

85 Zip Code

33173

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/17/97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETENAME NEPOMECHIE, NUJIM
STREET ADDRESS 1805 ESPANOLA DR.
CITY-ST-ZIP MIAMI FL 33133TITLE D ☒ DELETENAME LAFARGA, JUAN
STREET ADDRESS 136 S.E. 1ST AVE.
CITY-ST-ZIP MIAMI FLTITLE D ☒ DELETENAME SOSTCHIN, GUILLERMO
STREET ADDRESS 291 S.W. 27TH AVE.
CITY-ST-ZIP MIAMI FL 33135TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition1.2 NAME Graham, Michael H.
1.3 STREET ADDRESS 7614 S.W. 106 Avenue
1.4 CITY-ST-ZIP Miami, FL 331732.1 TITLE SD ☒ Change ☒ Addition2.2 NAME Pittman, Michael A.
2.3 STREET ADDRESS 1614 Euclid Avenue, Unit 36
2.4 CITY-ST-ZIP Miami Beach, FL 331393.1 TITLE VTD ☒ Change ☒ Addition3.2 NAME Hollar, Rosemary
3.3 STREET ADDRESS 1614 Euclid Avenue, Unit 33
3.4 CITY-ST-ZIP Miami Beach, FL 331394.1 TITLE D ☐ Change ☒ Addition4.2 NAME Tomblason, Sarah
4.3 STREET ADDRESS 1614 Euclid Avenue, Unit 21
4.4 CITY-ST-ZIP Miami Beach, FL 331395.1 TITLE D ☐ Change ☒ Addition5.2 NAME Sabala, Wilma
5.3 STREET ADDRESS 1614 Euclid Avenue, Unit 22
5.4 CITY-ST-ZIP Miami Beach, FL 331396.1 TITLE D ☐ Change ☒ Addition6.2 NAME Morales, Alexander
6.3 STREET ADDRESS 1614 Euclid Avenue, Unit 34
6.4 CITY-ST-ZIP Miami Beach, FL 33139

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 617, 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 # 0026879

(305) 274-8308

(305) 284-5401 (Day)

CR2E037 (9/96)