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Jul 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000561 (8)

1. Corporation Name

TROPICAL AMERICA TRUST, INC.



Principal Place of Business

Mailing Address

319 WEST PALM DRIVE
FLORIDA CITY FL 33034

319 WEST PALM DRIVE
FLORIDA CITY FL 33034-3343

2. Principal Place of Business

21 333 NE 8th Street

Suite, Apt. #, etc.

22 City & State

23 Homestead FL

24 Zip

33030

Country

25 USA

2a. Mailing Address

26 P.O. Box 900969

Suite, Apt. #, etc.

27 City & State

28 HOMESTEAD FL

Zip

29 33090-0969

Country

30 USA

3. Date Incorporated or Qualified

01/30/1996

3a. Date of Last Report

4. FEI Number

65-0654029

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

MARCUS, MICHAEL J
317 N. KROME AVE.
HOMESTEAD FL 33030

81 Name Raul E. PASTRAN

82 Street Address (P.O. Box Number is Not Acceptable)
333 N.E. 8th STREET

83

84 City HOMESTEAD

FL

85 Zip Code 33030

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KALLAND, MICHAEL
STREET ADDRESS 47 N. KROME AVE.
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ DELETE
NAME LEONARD, JOHN T
STREET ADDRESS 47 N. KROME AVE.
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☒ DELETE
NAME SPRINGER, GALE
STREET ADDRESS 47 N. KROME AVE.
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Raul PASTRAN
1.3 STREET ADDRESS 333 NE 8th STREET
1.4 CITY-ST-ZIP HOMESTEAD FL 33030

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Kalland, Michael
2.3 STREET ADDRESS 333 NE 8th Street
2.4 CITY-ST-ZIP Homestead, FL 33030

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Leonard, John T.
3.3 STREET ADDRESS 333 NE 8th Street
3.4 CITY-ST-ZIP Homestead, FL 33030

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)