


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000561	
1. Entity Name TROPICAL AMERICA TRUST, INC.	

Principal Place of Business 333 NE 8TH STREET HOMESTEAD, FL 33030 US	Mailing Address P O BOX 900969 HOMESTEAD, FL 33090-0969 US
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03032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0654029	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PASTRAN, RAUL E 333 NE 8TH STREET HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASTRAN, DEBORAH K 333 NE 8TH STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD, JOHN T 333 NE 8TH STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASTRAN, RAUL 333 NE 8TH STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>1000000081603 03/08/04-80157-002 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: John T. Leonard **3-4-04** **305-246-2122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #