

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001700 (1)**

1. Corporation Name
TROPICANA HOMES, INC.

Principal Place of Business ~~X~~ Mailing Address ~~X~~
1500 CAN REMO SUITE 240 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/07/1994** 3a. Date of Last Report **FIRST**
4. FEI Number **65 - 0530617** 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

2. Principal Place of Business 2a. Mailing Address
21 **8442 S.W. 8th. St.** 26 **8442 S.W. 8 St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Miami, Florida** 27 **Miami, Florida**
City & State City & State
23 **33144** 28 **33144**
Zip Country Zip Country
24 **Dade** 29 **Dade**
25 30

9. Name and Address of Current Registered Agent
RIVERO, ARMANDO
~~1500 CAN REMO SUITE 240 CORAL GABLES FL 33146~~
81 Name **Armando Rivero**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **8442 S.W. 8th. Street**
84 City **Miami** FL 85 Zip Code **33144**

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 ARMANDO RIVERO *Armando Rivero* **PRESIDENT** **7-26-95**
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME RIVERO, ARMANDO	1 1 TITLE Armando Rivero	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1500 CAN REMO SUITE 240		1 2 NAME PVST-D	
CITY - ST - ZIP CORAL GABLES FL 33146		1 3 STREET ADDRESS 8442 S.W. 8th. Street	
TITLE		1 4 CITY - ST - ZIP Miami, Florida 33144	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 2 NAME	
CITY - ST - ZIP		2 3 STREET ADDRESS	
TITLE		2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3 2 NAME	
CITY - ST - ZIP		3 3 STREET ADDRESS	
TITLE		3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4 2 NAME	
CITY - ST - ZIP		4 3 STREET ADDRESS	
TITLE		4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5 2 NAME	
CITY - ST - ZIP		5 3 STREET ADDRESS	
TITLE		5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6 2 NAME	
CITY - ST - ZIP		6 3 STREET ADDRESS	
		6 4 CITY - ST - ZIP	

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 110.07(3)(a), 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 omitted in attachment with an address.

SIGNATURE Armando Rivero *Armando Rivero* **7/26/95** 305 262-6226
DATE