

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000001700 (1)

1. Corporation Name

TROPICANA HOMES, INC.

FILED

97 FEB 17 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

18350 S.W. 139 COURT
MIAMI FL 33177
US

Mailing Address

6317 S.W. 11 STREET
MIAMI FL 33144-4915

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

12/27/1996

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
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

PEREZ, JOSE A
6317 S.W. 11 STREET
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature type: For printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVTS	☐ DELETE
NAME	RIVERO, ARMANDO	
STREET ADDRESS	9031 S.W. 21 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	☒ DELETE
NAME	RIVERO, ARMANDO	
STREET ADDRESS	9031 S.W. 21 STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S/D	☒ Change ☐ Addition
1.2 NAME	Armando Rivero	
1.3 STREET ADDRESS	9031 S.W. 21 Street	
1.4 CITY-ST-ZIP	Miami, Florida 33165	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	☐ Change ☒ Addition
3.2 NAME	Estela Rivero	
3.3 STREET ADDRESS	9031 S.W. 21 Street	
3.4 CITY-ST-ZIP	Miami, Florida 33165	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE

ARMANDO RIVERO

2/12/97

(305) 254-0205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0003624

CR2E034 (9/96)