

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90089 035 ***150.00

DOCUMENT # P94000001700

1. Corporation Name
TROPICANA HOMES, INC.

Principal Place of Business

18350 SW 139 COURT
MIAMI FL 33177
US

Mailing Address

6317 SW 11 ST.
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1994

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 10060 SW 134 ST.

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 Zip 33176

25 Country USA

2a. Mailing Address

26 10060 SW 134 ST.

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 Zip 33176

30 Country USA

9. Name and Address of Current Registered Agent

PEREZ, JOSE A
6317 SW 11 ST
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

ESTELA RIVERO

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

10060 SW 134 ST

83

84 City

Miami

FL

85 Zip Code

33176

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 ESTELA RIVERO 4-28-99
(NOTE: Registered Agent signature required when reinstating)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD ☐ DELETE

NAME RIVERO, ARMANDO

STREET ADDRESS 9031 SW 21 ST

CITY-ST-ZIP MIAMI FL 33165

TITLE VD ☐ DELETE

NAME RIVERO, ESTELA

STREET ADDRESS 9031 SW 21 ST

CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10060 S.W. 134 ST

1.4 CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 10060 S.W. 134 ST.

2.4 CITY-ST-ZIP MIAMI, FL 33176

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO RIVERO 4/28/99 305 6320765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)