FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED
95 MAR -7 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029857 (7)

1. TROPICS MACHINERY & EQUIPMENT SALES INC.

615 W. PARK DR.
#202
MIAMI FL 33172

615 W. PARK DR.
#202
MIAMI FL 33172

3. 04/18/1994

4. 65-0489362 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Trust Fund Contribution — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Address	2a. Mailing Address
21 507 W. 17 STREET	26 507 W. 17 STREET
22	27
23 HIALEAH, FL	28 HIALEAH, FL
24 33010 — 25 DADE	29 33010 — 30 DADE

9. Name and Address of Current Registered Agent

SILVA, ANTONIO M
8180 GENEVA COURT #B-427
MIAMI - FLORIDA - 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is 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] 03/01/95
DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: P	1 1 TITLE [ ] Change [ ] Addition
NAME: KEITH L. NELSON	1 2 NAME
STREET ADDRESS: 507 W. 17 STREET	1 3 STREET ADDRESS
CITY-ST-ZIP: HIALEAH, FL 33010	1 4 CITY ST ZIP
TITLE: VP	2 1 TITLE [ ] Change [ ] Addition
NAME: ANTONIO SILVA	2 2 NAME
STREET ADDRESS: 507 W. 17 STREET	2 3 STREET ADDRESS
CITY-ST-ZIP: HIALEAH, FL 33010	2 4 CITY ST ZIP
	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 voluntarily furnished and 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 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.

SIGNATURE: [signature] 3-1-94 305 888 1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100107 CP