SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



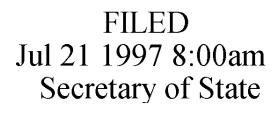
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000033874 (6)

TROPICAL PARADISE OF USA, INC.





Principal Place of Business Mailing Address							1 100 1100 1 110 (011) 215(1) 05(1) 00(1) 0			
3219 57TH TERRACE GAINESVILLE FL 32606 3219 57TH TERRACE GAINESVILLE FL 32606							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified	3a. Date of	Last Re	port
							05/02/1994	05/01/		
	lace of Busine	<u> </u>	2a. Mailing Address			4, FEI Number		+	plied For	
Suite, Apt	# etc		26 Suite An	Suito, Apt. #, etc.			59-3265953			t Applicable
22			27	27			5. Certificate of Status Desired		Fee Re	quired
City & State	0		· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing			May Be
Zip Country			28 Zin	Zip Country			Trust Fund Contribution L. Added to Fees 8. This corporation owes or has paid the current year Intangible			
24	25 29 30				¬ '	Personal Property Tax due June 30. Yes No				
			rrent Registered Age		<u> </u>		10. Name and Address of New Registered Agent			
SHAH, BHUPENDRA O										
3219 57TH TERRACE					82	82 Street Address (P.O. Box Number is Not Acceptable)				
GA	INESVILLE F	-L 32606			83					
					84	City		 85	Zip C	Code
						´		FLI	'	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered						ent signature requir		DATE	OTOD	0.01.40
12.	Т	OFFICENS		DELETE	13.		ADDITIONS/CHANGES TO OFFE		hange	Addition
NAME	SHAH, B	HUPENDRA O			12 NAME					
STREET ADDRESS		H TERRACE				ADDRESS				
CITY-ST-ZIP		ILLE FL 32606			14 CITY-1					
TITLE	D		_	DELETE	21 TITLE				hange	Addition
NAME	Shah, D	inesh o			22 NAME					
STREET ADDRESS	2615 N.V	V. 21ST STREET			23 STREET	ADDRESS		2 + 4		j
CITY-ST-ZIP	GAINESV	ILLE FL			2 4 CITY-	ST-ZIP				
TITLE			Ξ	DELETE	3 1 TITLE				hange	Addition
NAME					3.2 NAME					
STREET ADDRESS					3 3 STREET	ADDRESS				
CITY-ST-ZIP					3 4. CITY-	ST-7IP				
TITLE			L	∴ DELETE	4.1 TITLE				hange	Addition
NAME					4. 2 NAME					′
STREET ADDRESS					4.3 STREE	r address				
CITY-ST-ZiP					4.4 D(TY-	ST - ZIP				
TITLE				DELETE	51 TITLE			ЦC	hange	Addition
NAME					5.2 NAME					
STREET ADDRESS					5 3 STREE	ADDRESS				
CITY-ST-ZIP					5.4 D(1Y-	ST-ZIP				
TITLE			L	DELETE	61 TITLE			Ц°	hange	Addition
NAME					62 NAME					
STREET ADDRESS					6.3 STREE	ADDRESS				
CITY-ST-ZIP					6.4 C/TY-	ST-ZIP				

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

REPLICATION OF THAM IN THE PROPERTY OF THE PR