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 # P95000002559 (9)

NATIONAL TROP-EX REALTY WEST, INC.

FILED Jan 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 12320 NW 18TH STREET 12320 NW 18TH STREET PEMBROKE PINES FL 33026 PEMBROKE PINES FL 330								
					Date Incorporated or Qualifier 01/10/1995		e of Last R 5/1996	eport
2. Principa P	lace of Business	2a. Mailing Address			4. FEI Number	02/0		plied For
21		26			65-0546236			t Applicable
Suite, Apt		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	quired
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zφ	Country	Zφ	Countr	,	8. This corporation has liability for			
24			30		Florida Statutes			
	9, Name and Address of Curr	ent Registered Agent		T	10. Name and Address of New	Registered A	gent	
	ELLO, ANNE L		81	Name				
) SW 63 TERR G 1, #113		82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	E FL 33314		83					····
			84	City		FL	85 Zip (Code
office or reagent. La	egistered agent, or both, in the Standard with, and accept the co-	tic of Forida Such change wa ligations of, Section 607 505, Light Such about 10 10 10 10 10 10 10 10 10 10 10 10 10	as authorized b Florida Statute 90°1 Registered Ac	y the corpori s.	rporation submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	cept the appo	intment as	registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	AUGELLO, CARMEN J	M DEFETE	11 TITLE	1			Change	Addition
,name 'Street adoress	4850 SW 63 TERR BLDG 1,	#113	1.2 NAME	T ADDRESS				
CITY-SI-ZIP	DAVIE FL		1.4 CHTY-					
TITLE	VSD	DELETE	2.1 TITLE		President / Secy	:77	Change	Addition
NAME	AUGELLO, ANNE L	_	2.2 NAME]]	President Sugar Anne L. Augar 4850 SW 6 3 Tu	110	, ,,,	
STREET ADDRESS	4850 SW 63 TERR, BLDG 1,	# 113		1 ADDRESS	4850 SW 63 TU	UU / 333/5	7119	
CITY+ST-ZIP TITLE	DAVIE FL	DELETE	2. 4 CITY 3.1 TITLE	ST-ZIP	K) 15414, 1-1.	590/7	Change	Addition
NAME		المانين لي	3.2 NAME	-			onlings	, contou
STREET ADDRESS				I ADDRESS				
CITY - ST - ZIP			3.4. CITY-	· I				
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STREE	1 AODRESS	•			
CITY+ST-ZIP	777	DESTE	4.4 CITY-	ST-7:P	······································			Addition
TITLE		DELFTE	5.1 TITLE				[] Change	Addition
NAME OTREET ADDOCSS			5.2 NAME 5.2 STORE					
STREET ADDRESS			ľ	T ADDRESS				
CITY+ST-ZIP		DELETE	5.4 CITY - 6.1 TITLE	51-ZIF			Change	Addition
NAMÉ		<u> </u>	6.2 NAME		•			
STREET ADDRESS				T ADDRESS				
CiTY - ST - ZIP			64 CITY-					

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 and the same legal effect as if made under oath; that 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 and the same legal effect as if made under oath; that

SIGNATURE: