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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000012503 (5)

1. Corporation Name

TROPICS MANAGEMENT GROUP, INC.



Principal Place of Business

Mailing Address

13773 SOUTHWEST 9TH STREET  
MIAMI FL 33184

13773 SOUTHWEST 9TH STREET  
MIAMI FL 33184

3. Date Incorporated or Qualified

02/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

PO Box 524026

27

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Miami FL

29

Zip

Country

24

25

29

33152

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOKES, JERRY L JR.  
13773 SOUTHWEST 9TH STREET  
MIAMI FL 33184

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

REY, FRANCISCO G

STREET ADDRESS

13773 SOUTHWEST 9TH STREET

CITY - ST - ZIP

MIAMI FL 33184

TITLE

D

DELETE

NAME

MACAU, ALEJANDRO

STREET ADDRESS

9682 FONTAINEBLEAU BLVD., UNIT 403

CITY - ST - ZIP

MIAMI FL 33172

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Alejandro Macau, Pres.

2/2/96

305 551-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)