SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000050638 (2) TROPIC-JAZZ INTERNATIONAL, INC. Mailing Address Principal Place of Business 100 CYPRESS CREEK ROAD TRADE CENTER SOUTH. #990 100 CYPRESS CREEK ROAD TRADE CENTER SOUTH. #930 3a. Date of Last Report FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified FT. LAUDERDALE FL 33309 06/28/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 **\$5.00** May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tay under s. 199 032. Zip Country Country Zip Yes V No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name DAVIDOW, BRUCE Street Address (P.O. Box Number is Not Acceptable) 82 100 WEST CYPRESS CREEK RD. SUITE 930 63 FT. LAUDERDALE FL 33309 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. (NOTE: Respicted A partisignature required when remotal high SIGNATURE Signal to itspect or ponted nurse of registers charged and the diapphilative (3.6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Adortion DELETE 1.1 Tall F TITLE CR2E034 1.2 NAME DAVIDOW, BRUCE NAME 1.3 STREET ADDRESS 100 W. CYPRESS CREEK RD. #930 STREET ADDRESS FT. LAUDERDALE FL 33309 14 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 2.1 HILE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY - ST - ZIP CITY-ST ZIP Change Addition DELFIE 3.1 1000 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 CITY - ST - ZiP CITY - ST- ZIP Change Addition DELFTE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C:TY S1-7/P CHY-ST-ZIP Change Addition DELETE 5.1 TUILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C-TY - \$7 - 71P CITY-ST-ZIP Change Addition DELETE 61 THLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CiTY - ST - 7/P

SIGNATURE: \_

Some Doubler-SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do herety certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Flor da 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 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address 8/2/9C (954)-772-9309