

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 # **P96000012905 (1)**

1. Corporation Name
TROPIC-STARS CORP.

Principal Place of Business
**800 DOUGLAS ROAD
SUITE 351
CORAL GABLES FL 33134**

Mailing Address
**800 DOUGLAS ROAD
SUITE 351
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1996	3a. Date of Last Report
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CABEZA, MANUEL E
800 DOUGLAS ROAD
SUITE 351
CORAL GABLES FL 33134**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	ORTIZ, ELIN	
STREET ADDRESS	800 DOUGLAS RD. SUITE 351	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8000002258148--4
1.3 STREET ADDRESS	-08/05/97--01064--015
1.4 CITY-ST-ZIP	****165.00 ****165.00

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 13 if changed, or on an attachment with an address.

FILED

97 JUL 25 AM 10:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E034 (4/97)

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ANDRADE, HERNANDEZ & PAZOS, C.P.A., P.A.

520 Biltmore Way
Coral Gables, Florida 33134
Tel. (305)444-8800 ♦ Fax(305)444-4010

July 21, 1997

Division of Corporations
Office of the Secretary of State of Florida
Annual Reports Section
Tallahassee, Fl 32302-1500

Re: Tropic-Stars Corp.
Document # P96000012905 (1)

Dear Sir or Madam:

Manuel E. Cabeza, Esquire, the Registered Agent for the above corporation has forwarded to us a "Second Notice" requesting the filing of an Annual Report for the above corporation. We are the corporation's accountants and Mr. Cabeza has forwarded your request to our attention for filing the annual report. We receive numerous annual report forms every year on behalf of our clients and they are all processed and filed with your office on a timely basis. We cannot ascertain at the present time why the original annual report for Tropic Stars Corp was not received. Nonetheless, it was not and this is the first time we are made aware that the annual report for Tropic-Stars Corp was not received. Nonetheless, it was not and this is the first time we are made aware that the annual report was not filed. We would appreciate your accepting the late filing of the annual report taking the above into consideration.

Thank you for your consideration of the above request.


Armando Hernandez, CPA