

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000018389 (2)**

1. Corporation Name  
**TROPICAIRE PONCE, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>9769 SOUTH DIXIE HIGHWAY<br/>SUITE 103<br/>MIAMI FL 33156</b> | Mailing Address<br><b>9769 SOUTH DIXIE HIGHWAY<br/>SUITE 103<br/>MIAMI FL 33156-5600</b> |
|---|--|

|  |                         |
|--|-------------------------|
| 3. Date Incorporated or Qualified<br><b>02/28/1996</b> | 3a. Date of Last Report |
|--|-------------------------|

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br><b>65-0667239</b>   | Applied For<br>Not Applicable         |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
|   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**MALE, MICHAEL H  
3250 MARY STREET  
SUITE 303  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  | <b>PD RICHARD W. OGDEN</b>   |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | <b>5590 SW 92 ST.</b>  |
| CITY- ST- ZIP              |                                 | 1.4 CITY- ST- ZIP                                     | <b>MIAMI, FL 33156</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  | <b>S MICHAEL H. MALE</b>   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | <b>3250 MARY ST., SUITE 303</b>  |
| CITY- ST- ZIP              |                                 | 2.4 CITY- ST- ZIP                                     | <b>MIAMI, FL 33133</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  | <b>S ANDREW J. OGDEN</b>   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | <b>4036 EL PRADO BLVD.</b>   |
| CITY- ST- ZIP              |                                 | 3.4 CITY- ST- ZIP                                     | <b>MIAMI, FL 33133</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |                                 | 4.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |                                 | 5.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              |                                 | 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.

SIGNATURE: *Richard W. Ogden* **RICHARD W. OGDEN, PRES.** Date: **4/15/97 (JOS)** Telephone: **663-5860**

CP2E034 (9/96)