## 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 # P96000042762 (0)

TROPICAL BEEPERS CORPORATION

Principal Place of Business Mailing Address 11241 SW 40TH ST A1 11241 SW 40TH ST A1 MIAMI FL 33165-4467 MIAMI FL 33165-4467 3. Date Incorporated or Qualified 3a, Date of Last Report 05/13/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0723596 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name В1 AGUILERA, CHRISTOPHER R 11241 SW 40TH ST A1 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165-4467 83 84 City 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 for 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 if an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Superiore, type a or printed name of regions ed agent and tide it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition □ DELETE THE 1.1 TITLE AGUILERA, CHRISTOPHER 1.2 NAME NAME 139 TH CHRT 4605 11241 SW 40TH ST A1 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33165-4467 1.4 CITY-ST-ZIP MIANI CITY-ST-ZE DELETE Change Addition 1001 2.1 TITLE 2.2 NAME NAME TAN AGUILERA 4405 SW 139 TH COURT 2 3 STREET ADDRESS STREET ADORESS FL 33165 2.4 CITY-S1-7IP OHY \$1.26 DELETE Change Addition 3.1 TITLE TOF S. AGUILERA NAMi 3.2 NAME SW 99 TH AVE. 2/23 3.3 STREET ADDRESS STREET AUORESS MIANI, FL 33165 34 City-St-7iP OFY 51-79 DELETE Change Addition 4.1 TITLE THEF NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 00Y-\$1-7 P DELETE Addition 5.1 TITLE DILLE MAME **5.2 NAME** STREET AUGRESS 5.3 STREET ADDRESS CHY SI-ZE 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE PHLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CRY-ST-ZP

SIGNATURE:

appears in Brook 12 or Block 13 if changed, or on an attachment with an address

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 included 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

**603** 

**FILED** 

Apr 09 1997 8:00am

Secretary of State