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May 12 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 # P96000066151 (7)

1. Corporation Name  
TROPICANA II INVESTMENT, INC.



Principal Place of Business  
13950 S.W. 134TH STREET  
MIAMI FL 33177

Mailing Address  
13950 S.W. 134TH STREET  
MIAMI FL 33177

3. Date Incorporated or Qualified 08/08/1996 3a. Date of Last Report

2. Principal Place of Business 21. 18350 S.W. 139 Ct. 2a. Mailing Address 26. 6317 S.W. 11th. St. 4. FEI Number 65-0702776 Applied For Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 5. Certificate of Status Desired X \$8.75 Additional Fee Required

23. City & State Miami, Florida 28. City & State Miami, Florida 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip 33177 25. Country Dade 29. Zip 33144 30. Country Dade 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A Z REGISTERED AGENT CORPORATION  
2801 S. BAYSHORE DRIVE #1600  
MIAMI FL 33183

81. Name JOSE A. PEREZ  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. 6317 S.W. 11th. Street  
84. City Miami FL 85. Zip Code 33144

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 JOSE A. PEREZ 4-28-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	2. DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	1.1 CHANGE 1.1 ADDITION
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	2. DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	2.1 CHANGE 2.1 ADDITION
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	2. DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	3.1 CHANGE 3.1 ADDITION
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	2. DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	4.1 CHANGE 4.1 ADDITION
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	2. DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	5.1 CHANGE 5.1 ADDITION
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	2. DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	6.1 CHANGE 6.1 ADDITION

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: ARMANDO RIVERO 4-28-97 (305) 254-0205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)