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FILED  
Feb 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

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

DOCUMENT # P96000066380 (2)  
1. Corporation Name  
TROPICAL EXPRESS OF AVENTURA, INC.

Principal Place of Business  
18575 BISCAYNE BLVD.  
SPACE NO. 1393 AVENTURA MALL  
AVENTURA FL 33180

Mailing Address  
19575 BISCAYNE BLVD.  
SPACE NO. 1393 AVENTURA MALL  
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country	31	32
9. Name and Address of Current Registered Agent GARCIA LAZARO 12049 SW 75 ST MIAMI FL 33183				10. Name and Address of New Registered Agent 81 Name Jim Singletary 82 Street Address (P.O. Box Number is Not Acceptable) 13920 SW 104 AVE 83 84 City Mia FL 85 Zip Code 33176	

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 *Jim Singletary* DATE 2/8/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	GARCIA JOSE JR	12425 S W. 94TH LANE	MIAMI FL 33186	<input type="checkbox"/>
	GARCIA LAZARO	12049 SW 75 ST	MIAMI FL	<input type="checkbox"/>
	Hoi Sang Yeung	13380 Biscayne Bay Dr.	North Mia, FL 33181	<input type="checkbox"/>
	Dyng Ho	150 South Shore Dr.	Mia, Bch, FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	Pres./Sec. Tres.	13920 SW 104 AVE	Mia FL (33176)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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: *Jim Singletary* 1/27/98

CR2E034 (10/97)