

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90215 012 ***150.00

0215331

DOCUMENT # P96000091863

1. Corporation Name

TROPICANA HOMES AT MARCO, INC.



Principal Place of Business

18350 S.W. 139 COURT
MIAMI FL 33177

Mailing Address

6317 S.W. 11 STREET
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1996

4. FEI Number

65-0711973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 100 60 SW 134 ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33176

Country

25 U.S.A.

2a. Mailing Address

26 100 60 SW 134 ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33176

Country

30 USA

9. Name and Address of Current Registered Agent

PEREZ, JOSE A
6317 S.W. 11 STREET
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

ESTELA RIVERO

82 Street Address (P.O. Box Number is Not Acceptable)

100 60 SW 134 ST

83

84 City

MIAMI

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

Estela Rivero

ESTELA RIVERO

4-28-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME RIVERO, ARMANDO
STREET ADDRESS 9031 S.W. 21 STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE VD
NAME EVORA, ARMANDO
STREET ADDRESS 6600 S.W. 94 COURT
CITY-ST-ZIP MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 100 60 SW 134 ST
1.4 CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Armando Rivero

ARMANDO RIVERO

4/28/99 305-632-0765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)