

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

FILED
Sep 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020893
1. Corporation Name

TROPICALIA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	8296 NW 56 STREET	26	8051 NW 36th STREET	03/06/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0733426	
City & State		City & State		Applied For	
23		28		Not Applicable	
MIAMI, FL.		MIAMI, FL.		5. Certificate of Status Desired	
Zip		Zip		X	
24		29		\$8.75 Additional Fee Required	
33166		33166		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
25		30		5.00 May Be Added to Fees	
USA		USA		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				X Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	DIVINO M. SOARES	
82	Street Address (P.O. Box Number is Not Applicable)	8296 NW 56th STREET	
83			
84	City	MIAMI	FL
85	Zip Code	33166	

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:  SOARES, Divino M. 08/24/98

(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	PSD
NAME		1.2 NAME	SOARES, DIVINO M.
STREET ADDRESS		1.3 STREET ADDRESS	8296 NW 56th STREET
CITY - ST - ZIP		1.4 CITY - ST - ZIP	MIAMI, FL 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VTD
NAME		2.2 NAME	SOARES, MARILENE M.
STREET ADDRESS		2.3 STREET ADDRESS	8296 NW 56th STREET
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI, FL 33166
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
NAME		5.2 NAME	3000002632233
STREET ADDRESS		5.3 STREET ADDRESS	-09/04/98--01064--033
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***558.75
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

Divino Mauro Soares

8/25/98

(705) 547-4511

CR2E034 (10/97)