

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

FILED
Apr 30 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 # P97000028133 (1)

1. Corporation Name

TROPICS REALTY GROUP, INC.



Principal Place of Business

520 BRICKELL KEY DRIVE STE 0-305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE STE 0-305
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9999 Sunset DR.		26 9999 Sunset DR		03/28/1997	
22 Suite 201		27 Suite 201		4. FEI Number	
23 Miami, FL		28 Miami, FL		65-0739395	
24 Zip 33173		29 Zip 33173		5. Certificate of Status Desired	
25 Country USA		30 Country USA		Applied For	
				Not Applicable	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	
				9. Name and Address of Current Registered Agent	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE STE 0-305
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SULLIVAN, KATHLEEN	1.2 NAME	SULLIVAN, KATHLEEN
STREET ADDRESS	520 BRICKELL KEY DRIVE STE 0-305	1.3 STREET ADDRESS	9999 Sunset DR, STE 201
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami, FL. 33173
TITLE		2.1 TITLE	D
NAME		2.2 NAME	MACAU, ALEJANDRO
STREET ADDRESS		2.3 STREET ADDRESS	9999 Sunset DR. STE 201
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL. 33173
TITLE		3.1 TITLE	D
NAME		3.2 NAME	MARTIN, MARIA
STREET ADDRESS		3.3 STREET ADDRESS	9999 Sunset DR. STE 201
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE		4.1 TITLE	D
NAME		4.2 NAME	REY, FRANCISCO
STREET ADDRESS		4.3 STREET ADDRESS	9999 Sunset DR. STE 201
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL. 33173
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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:

Kathleen Sullivan

4-22-98 305/596-2298

CR2E034 (10/97)