


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

FILED

Feb 10 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 # P97000034822 (1) 1. Corporation Name TROPIC PROVIDER CORP.			
Principal Place of Business 210 UNIVERSITY DRIVE #502 CORAL SPRINGS FL 33071		Mailing Address 210 UNIVERSITY DRIVE #502 CORAL SPRINGS FL 33071	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4729 NW 103RD AVE Suite, Apt. #, etc. 22 City & State 23 SWRISK FLORIDA Zip 24 33351 Country 25 FLORIDA		26. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/17/1997	
				4. FEI Number 65-0744710 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOULART, ANTONIO 210 UNIVERSITY DRIVE #502 CORAL SPRINGS FL 33071				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 FL	

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 type or printed name of registered agent and office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULART, ANTONIO	1.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR, #502	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULART, MARILDA	2.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR, #502	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DIT NEWTON M. ANTUNES
STREET ADDRESS		3.3 STREET ADDRESS	10040 SHERIDAN
CITY - ST - ZIP		3.4 CITY - ST - ZIP	PMBROOK PARK FL 33071
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DIT LUIS C. MONTIERO
STREET ADDRESS		4.3 STREET ADDRESS	9197 RAMBLEWOOD DR
CITY - ST - ZIP		4.4 CITY - ST - ZIP	CORAL SPRING FL 33071
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DIT MONICA C. MONTIERO
STREET ADDRESS		5.3 STREET ADDRESS	9197 RAMBLEWOOD DR
CITY - ST - ZIP		5.4 CITY - ST - ZIP	CORAL SPRING FL 33071
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(j), 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:

SIGNATURE AND (TYPE) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0503023

CR2E034 (10/97)