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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000083346 (1)

Principal Place of Business	Maiting Addr
19354 SW 106 AVE	19354 SW 10
MIAMI FL 33157	MIAMI FL 33

**FILED** Feb 17 1998 8:00am Secretary of State

•	ROPICAL COMMUNITY CENT	ER, INC.			
Princip	pat Place of Business	Mailing Address			ant Alber Inian Hillê îtrii Ainia Nil IIal
18354 SW 106 AVE 18354 SW 106 AVE MIAMI FL 33157 MIAMI FL 33157			DO NOT WRITE	E IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/25/1997	i
2. Pri	ncipal Place of Business	2a. Mading Address		4. FEI Number	Applied For
21		26		65-0786861	Not Applicable
	te, Apt #, etc.	Suite, Apt. #, etc.			¢0.75 A 4 201
22		[27]		5. Certificate of Status Desired	Fee Required
Cit	/ & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25	[29]	30	Personal Property Tax due June	
	9. Name and Address of C	urrent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
	MACHADO, NILDA C		81 Name		
	19354 SW 106 AVE		82 Street Addr	ess (P.O. Box Number is Not Acceptal	ole)
	MIAMI FL 33157				
			63		
			84 City		- 85 Zip Code
					FL   85   Zip Code
11. Pa	irsuant to the provisions of Sections 60 fice or registered agent, or both, in the	7 0502 and 607 1508, Florida Statut State of Florida, Such change was a	es, the above-named corp authorized by the corporat	poration submits this statement for the p tion's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered
	iont I am familiar with, and accept the				
a	,	enilgations or, accrion 607,650s, Fig	onda Statutes		
sign/	THE			ed when reinstating)	DATE
a	TURE Signature Types For publicd name of my the		Firgistered Agont signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	
SiGN	TURE Signature Types For publicd name of my the	estaquentarsités d'applicable (NOT	f Fli-gistered Agent signature require		
SIGNA 12.	TURE Signature Types Fer printed name of paying OFFICE H	ostagiont and the distributible (NOT SIAND DIRECTORS	f Hi-gistered Agent signature requir		CERS AND DIRECTORS IN 12
SIGNA 12.	Signature hypertee product normal trapes  OFFICER  D  MACHADO, NILDA C	ostagiont and the distributible (NOT SIAND DIRECTORS	13.		CERS AND DIRECTORS IN 12
SIGNA 12. TITLE	OF LICE H  D  MACHADO, NILDA C  19354 SW 106 AVE	ostagiont and the distributible (NOT SIAND DIRECTORS	F Fir-gratered Agent signature require  13.  1.1 TILE  1.2 NAME		CERS AND DIRECTORS IN 12
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indicated on this annual report or supplied with any quality for the exemption stated in Section 1.19.07(5)(f), norded statutes. Fromter certify that the mindicated on this annual report or suppliermental 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 this 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.

2/11/98