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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V00743

N.C. TRO	OPICAL, INC.											
Principal Place	e of Business	•	Address					111411 611611 65111		·	.g., 6761, 6161,	
9063 NW 146 TERRACE 9053 NW 146 TERRACE MIAMI FL 33016 MIAMI FL 33016												
US	O	US	L 33010					DO	NOT WRIT	TE IN THIS	SPACE	
								Date Incorporated of	r Qualifed	 •		
						••		01/01/1992				<u> </u>
2. Principal Pl	lace of Business	2a. Maili	ing Address					FEI Number			·	pplied For
21		26					\bot	65-0303072				ot Applicable
Suite, Apt.	#, etc.	27 Suite	e, Apt. #, etc.				5.	Certificate of Status	Desired		,	Additional equired
City & State	e	City	& State				6.	Election Campaign	Financing	-		May Be
23		28					_	Trust Fund Contribu				to Fees
Zip	Country	Zip		Cour	ntry		8.	This corporation ow		ent year Int		, Dv.
24	25	29		30				Personal Property T		\	Yes	□No
	9. Name and Address of C	Surrent Registered	Agent		81	Name	10.	Name and Address	S OT NEW H	egistereu	Agent	
	RIAT, NERY				丄		ess (P	O. Box Number is N	lot Accepta	ıble)	<u> </u>	
	3 NW 146 TERRACE . MI FL 33016				83				•			
				}	84	City					85 Zip	Code
						•				FL	. -	
office or re	to the provisions of Sections 60 registered agent, or both, in the im familiar with, and accept the	State of Florida, Su	uch change was	authorized	by th	named corp ne corporatio	oration on's bo	n submits this statem pard of directors. I he	ent for the reby accer	purpose of t the appoi	changing its ntment as re	s registered egistered
SIGNATURE												
	Stonature, typed or printed name of registe	ered agent and title if applica	able (NO	TE: Recistered /	Acent si	ignature required	d when re	einstating)		DATE		
12.	Signature, typed or printed name of register OFFICER	ered agent and title if applications and DIRECTOR		TE: Registered /	Agent si	ignature required		einstating) ADDITIONS/CHANG	ES TO OF		D DIRECTO	ORS IN 12
12.						signature required			ES TO OF		D DIRECTO	
	OFFICER		RS	13.	LE	ignature required			ES TO OF			
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14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE: NEW COLOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

305-818-8509

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90197 026 ***150.00