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CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500004526 (8)

TRILATERAL INVESTMENTS, S.A.

FILED
May 08 1998 8:00am
Secretary of State

rinoparriac	6 Of Dustriess	Mailing Address	Walling Address							
666 71 ST ST	PRESTON & COMPANY P.A.	% GERSON PRESTON & COMPANY P.A. 686 71ST ST Miami Beach Fl 33141				DO NOT WR	ITE IN THIS	SPACE.		
MIAMI BEACH	1 FE 33141					3. Date Incorporated or Qualified				
							09/19/1995	,u		
9 Principal P	lace of Business	2a. Mailing Addre	aee				4. FEI Number			pplied For
	idoo or business	<u> </u>	— ·				•• • - • • • • • • • • • • • • • • • •			ot Applicable
21 Suite, Apt	# ptc	26 Suite And #	Suite, Apt. #, etc.				52-1212229			
22	#, 6 (C.	— · · ·	27				5. Certificate of Status Desired			Additional equired
City & State			City & State							
23	-	h	28				Election Campaign Financing Trust Fund Contribution	' _□		May Be to Fees
Zip			Zip Country							
24	25	29	30	O. I.I. y			 This corporation owes or has Personal Property Tax due Ju 			
24]	9. Name and Address of Curre	11	30	1			10. Name and Address of New			
						me				
GERSON PRESTON & CO. P.A.										
666 71ST ST				82 Street Address (P.O. Box N			(P.O. Box Number is Not Accep	itable)		
MIAMI BEACH FL 33141					\vdash					
				83	l					
				84	City	4	,	FL	85 Zip	Code
11. Pursuant to the provisions of Soctions 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										
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 profiled name of ingustered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Output DATE										
Signature, typed or profiled name of registered agent and title if applicable (NOTE R 12. OFFICERS AND DIRECTORS				13.		ature required wi	ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	OC IN 12
TITLE	CP OFFICERS A	DEI DEI					ADDITIONS/CHANGES TO OF	FICERS AIN	Change	Addition
NAME	STRAKA, PABLO			IAME					C. Orango	
					T ADDRESS					1
STREET ADDRESS		r.M., 000 / 131 31				.35				
CITY-ST-ZIP	MIAMI BEACH FL 33141	T be		HTY - ST	T-ZIP				Change	Addition
TITLE	VCVS	☐ DEI	_						LI Citange	L Audition
NAME	SVOBODA, JANA	0.4	2.2 A							
STREET ADDRESS	% GERSON PRESTON CO.	P.A., 666 /151 ST			ADDRES	SS				Ì
CITY - ST - ZIP	MIAMI BEACH FL 33141			CITY - S	T-ZIP					
TITLE	1	☐ DEI							Change	Addition
NAME	SVOBODA, JANA	.	3.2 N							
STREET ADDRESS	% GERSON PRESTON CO.	P.A., 666 71ST ST	3.3 9	TREET	ADDRES	ss				l
CITY-ST-ZIP	MIAMI BEACH FL 33141			CITY-S	IT-ZIP					
TITLE		☐ DEI	LETE 4.1 T	ITLE					Change	Addition
NAME			4.21	NAME						ļ
STREET ADDRESS			4.3 \$	TREET	ADDRES	SS				
CITY-ST-ZIP			4.4 0	ITY-S	T-ZIP					
TITLE		☐ D€1	LETE 5.1 T	ITLE					Change	Addition
NAME			5.2 N	IAME						[
STREET ADDRESS			5.3 \$	TREET	ADDRESS	ss				[
CITY-ST-ZIP				ITY-S						[
TITLE		DEI							Change	☐ Addition
NAME			6.2 N	٠,					-	Ī
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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 suppliemental 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:

lane & Souledon

1/3/98 305-868-360