

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K98993** (4)

1. Corporation Name
TRENDMARK PROPERTIES, INC.



Principal Place of Business: 1390 S DIXIE HIGHWAY SUITE 1107 CORAL GABLES FL 33143 US
Mailing Address: 1390 S DIXIE HIGHWAY SUITE 1107 CORAL GABLES FL 33143 US

3. Date Incorporated or Qualified: 06/29/1989
3a. Date of Last Report: 03/07/1995

| | | | |
|---------------------------------|-------------------------|---|--------------------------------|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 22. Suite, Apt. #, etc | 26. Suite, Apt. #, etc. | 65-0132424 | Not Applicable |
| 23. City & State | 27. City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 24. Zip | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 25. Country | 29. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No |
| 30. Country | | | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| DE ARMAS, LUIS A 1390 S DIXIE HIGHWAY SUITE 1107 CORAL GABLES FL 33143 | 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code |

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: _____ DATE: _____
Signature type for printed name of registered agent is not applicable. (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|------------------------------|---|-----------------|
| TITLE: D | NAME: SOLIS, LOLA | 1.1 TITLE | Change Addition |
| STREET ADDRESS: 1390 S DIXIE HWY #1107 | CITY-ST-ZIP: CORAL GABLES FL | 1.2 NAME | |
| TITLE: P | NAME: SOLIS, LOLA | 1.3 STREET ADDRESS | |
| STREET ADDRESS: 1390 S. DIXIE HWY #1107 | CITY-ST-ZIP: CORAL GABLES FL | 1.4 CITY-ST-ZIP | |
| TITLE: VP | NAME: SOLIS, LOLA | 2.1 TITLE | Change Addition |
| STREET ADDRESS: 1390 S. DIXIE HWY #1107 | CITY-ST-ZIP: CORAL GABLES FL | 2.2 NAME | |
| TITLE: S | NAME: SOLIS, LOLA | 2.3 STREET ADDRESS | |
| STREET ADDRESS: 1390 S. DIXIE HWY #1107 | CITY-ST-ZIP: CORAL GABLES FL | 2.4 CITY-ST-ZIP | |
| TITLE: | NAME: | 3.1 TITLE | Change Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 3.2 NAME | |
| TITLE: | NAME: | 3.3 STREET ADDRESS | |
| STREET ADDRESS: | CITY-ST-ZIP: | 3.4 CITY-ST-ZIP | |
| TITLE: | NAME: | 4.1 TITLE | Change Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 4.2 NAME | |
| TITLE: | NAME: | 4.3 STREET ADDRESS | |
| STREET ADDRESS: | CITY-ST-ZIP: | 4.4 CITY-ST-ZIP | |
| TITLE: | NAME: | 5.1 TITLE | Change Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 5.2 NAME | |
| TITLE: | NAME: | 5.3 STREET ADDRESS | |
| STREET ADDRESS: | CITY-ST-ZIP: | 5.4 CITY-ST-ZIP | |
| TITLE: | NAME: | 6.1 TITLE | Change Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 6.2 NAME | |
| TITLE: | NAME: | 6.3 STREET ADDRESS | |
| STREET ADDRESS: | CITY-ST-ZIP: | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lola Solis* DATE: 3/6/96 (305) 666-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)