

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000002644 (2)

1. Corporation Name

TRIGO NUEVO, INC.

Principal Place of Business

**9815 W OKEECHOBEE RD APT 107
HIALEAH GARDENS FL 33016**

Mailing Address

**PO BOX 3679
HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

4. FBI Number

65-0487211

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date of Last Report

30 Applied For

31 Not Applicable

32 Certificate of Status Desired

33 Election Campaign Financing
Trust Fund Contribution

34 Nonprofit with IRS 501(c)(3)
Tax Exempt Status

35 This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MACADAMS, SAMUEL REV
9815 W OKEECHOBEE RD APT 107
HIALEAH GARDENS FL 33016**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Rev. Samuel Mac Adams

Rev. Samuel Mac Adams

4/18/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P
NAME MACADAMS, SAMUEL REV
STREET ADDRESS 9815 W OKEECHOBEE RD APT 107
CITY - ST - ZIP HIALEAH GARDENS FL 33016

TITLE D
NAME RODRIGUEZ, TONY - D -
STREET ADDRESS 1800 NW 24TH AVE
CITY - ST - ZIP MIAMI FL 33125

TITLE S
NAME MACADAMS, ELIZABETH - D
STREET ADDRESS 9815 W OKEECHOBEE RD APT 107
CITY - ST - ZIP HIALEAH GARDENS FL 33016

TITLE T
NAME SANTANA, PEDRO REV - D
STREET ADDRESS 2711 SW 117TH CT
CITY - ST - ZIP MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

REMITTED BY MAY 1

DEPOSITED BY BANK

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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rev. Samuel Mac Adams

Rev. Samuel Mac Adams

4/18/95 (305) 825-9302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone