FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

Block 12 or Block 13 if d



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000041889 (4)

TRUST INTERNATIONAL CORPORATION

340 ROYAL PALM WAY 340 ROYAL PALM WAY DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Incorporated or Qualified HS 06/03/1994 2. Principal Place of Business 2a. Mailing Address Applied For 65-0525305 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MOLNAR, LASZLO J 2580 \$ OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) 1-78 83 PALM BEACH FL 33480 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 (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change DELETE 1.1 TITLE TITLE MOLNAR, LASZLO 1.2 NAME NAME 2580 S OCEAN BLVD 1-7B 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE MOLNAR, ERIKA 2.2 NAME NAME 2580 S OCEAN BLVD STE 1-7B 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP PALM BEACH FL CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST- ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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 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 corposition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

nt with an address.

1-12-AR

FILED

Feb 20 1998 8:00am

Secretary of State