

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L15757** (2)

1. Corporation Name:

TRAFALGAR ASSOCIATES II, INC.



Principal Place of Business

275 FONTAINEBLEAU BLVD
#200
MIAMI FL 33172-4597

Mailing Address

275 FONTAINEBLEAU BLVD
#200
MIAMI FL 33172-4597

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/08/1989

3a. Date of Last Report

03/22/1995

4. FEI Number

65-0158569

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

CACICEDO, RAMON R. JR.
275 FONTAINEBLEAU BLVD.
#195
MIAMI FL 33172-4597

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

Signature (typed or printed name of registered agent is acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

S

☐ DELETE

NAME

CACICEDO, RAMON R.

STREET ADDRESS

275 FONTAINEBLEAU BLVD., STE 200

CITY - ST - ZIP

MIAMI FL

TITLE

TVS

☐ DELETE

NAME

GONZALEZ, JOSE ANTERO

STREET ADDRESS

275 FONTAINEBLEAU BLVD., STE 200

CITY - ST - ZIP

MIAMI FL

TITLE

VP

☐ DELETE

NAME

HERNANDEZ, GUS

STREET ADDRESS

275 FONTAINEBLEAU BLVD., STE 200

CITY - ST - ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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:

Jose Antero Gonzalez, VP 1-22-96 305-221-3710

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (12/95)