FILE NOW: FILING FEE AFTER MAY 1 IS \$225x DD

PROFIT CORPORATION ANNUAL REPORT 1997 1995



FLORIDA DEPARAMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

K98993

CITY - ST- ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TRENDMARK PROPERTIES, INC.

Principal Place of Business 1390 S. Dixie Highway Suite 1107 Coral Gables, FL	Mailing Address 1390 S. Dix: Suite 1107 Coral G.bles				
33143	33143	J, 11		6/29/89 3	Date of Last Report /11/96
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0132424	Not Applicable
Suite, Apt #. etc.	Suile, Apl. #. etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	7 p Country 30		у	8. This corporation has liability of intangible tax under s 199.032, Florida Statutes Yes No	
9. Name and Address of Current	Registered Agent			10. Name and Address of New Registr	ered Agent
			Name		
Luis A. de Armas			Street Ado	fress (P.O. Box Number is Not Acceptable)	
1390 S. Dixie Highway		82	all coll noc	Tess (F.O. Box Hollinger is Not Neceptable)	
Suite 1107		83			
Coral Gables, FL 33143			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 of 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or protect name of registered agent and till oil application (NOTE Projections Agent) are greatered agent and till oil application (NOTE Projections Agent) are greatered when translating) DATE					
		13.	on signature requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE D/P/S/V				ADDITIONS/OFFACES TO CIT TO CIT	Change Addition \$
	SOLIS, Lola		1		
			I ADDRESS		18
			S1-7IP		lä
TITLE	DELETE 2 11				Change Addition C
NAME		2.2 NAME	}		
STREET ADDRESS		2.3 STREE	1 ADDRESS	,	
CITY - ST - ZIP	24CI		S1 - ZIP		
TITLE	DELETE	3 1 1111 E			ChangeAddition
NAME		3.2 NAME	.		
STREET ADDRESS		3.3 \$1RE8	LADDRESS		
CITY+ST-ZIP		3.4 CITY-	S1 71P		
TITLE	DELETE 4.11				Change Addition
NAME		4.2 NAME	ļ		
STREET ADDRESS		4.3 STHI &	FADDRESS		
CITY - ST - ZIP		4.4 CITY-	S1 - ZIP		
TITLE	DELETE	5 1 HILE			Change Addition
NAME		5.2 NAML	1		
STREET ADDRESS		E 2 CTHEE	TANDOCCO		

14. Ido hereby certify that the information supplied with this filling 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 trusted 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

5.4 CITY- ST - ZIP

6.3 STREET ADDRESS

6.1.1111.6

6.2 NAME

DELETE

SIGNATURE IGNING OFFICER OR DIRECTOR Lola Solis, President

7000002115727

-03/18/97--01014--019

***165.00

VB 3-11

FILED

Mar 17 1997 8:00am

Secretary of State