

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 123878

1. Corporation Name

TRINITY PARISH HOLDING CORPORATION

Principal Place of Business

464 N.E. 16TH ST.
MIAMI FL 33132-1220
US

Mailing Address

464 N.E. 16TH ST.
MIAMI FL 33132-1220
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

KRICKBAUM, DONALD W.
464 N.E. 16TH STREET
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1931

4. FEI Number

59-0838103

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 owes the current year Intangible
Personal Property Tax.

Yes No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KRICKBAUM, DONALD W.
STREET ADDRESS 464 N.E. 16TH STREET
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME LEE, ANNE S
STREET ADDRESS 519 LORETTO AVENUE
CITY-ST-ZIP MIAMI FL 33146

TITLE SD ☒ DELETE

NAME SCUPHOLME, ANNE
STREET ADDRESS 9311 SW 4TH STREET
CITY-ST-ZIP MIAMI FL 33174

TITLE VD ☒ DELETE

NAME CONSOLO, PHILIP
STREET ADDRESS 15310 DUNBARTON PLACE
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE VD ☐ DELETE

NAME PARHAM, PATRICK
STREET ADDRESS 21085 NE 34 AVE, #102
CITY-ST-ZIP AVENTURA FL 33174

TITLE ☐ DELETE

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

VICE PRESIDENT

ALFREDO MACAYA

152 NE 44 STREET, MIAMI FL 33137

SECRETARY

CURT GOTER

20 ISLAND AVENUE #203

MIAMI BEACH FL 33139

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

Date

305 374 3372

Daytime Phone #

CR2E034 (1/98)