FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **249385** **(6)**

1. Corporation Name

TROPHY WORLD, INC.

Principal Place of Business	Mailing Address
6400 N.W. 77TH COURT MIAMI FL 33166	6400 N.W. 77TH COURT MIAMI FL 33166

3. Date Incorporated or Qualified: **07/17/1961**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: SAME
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **59-0935238** ☐ 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

9. Name and Address of Current Registered Agent

SEDANO, MANUEL J
11200 N.W. 60TH CT
HIALEAH FL 33012

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: Manuel J. Sedano
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	VICE PRESIDENT / ASST. SECRETARY	☒ Change ☐ Addition
NAME	SEDANO, MANUEL J		1.2 NAME		
STREET ADDRESS	11200 NW 60TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WASS, RHODA J.		2.2 NAME		
STREET ADDRESS	4952 S W 101 AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 00000		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE	PRESIDENT / TREASURER DIRECTOR	☒ Change ☐ Addition
NAME	WAAS-RUSSIYAN, CYNTHIA		3.2 NAME		
STREET ADDRESS	BOX 394, DEER TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUGAR LOAF NY 10981		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	EXECUTIVE VICE PRESIDENT SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	RUSSIYAN, NICHOLAS		4.2 NAME		
STREET ADDRESS	BOX 394, DEER TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUGAR LOAF NY 10981		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	200001781852 -04/16/96--01044--010 ***200.00	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JV 4.16

CR2E034 (12/95)

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)(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.

SIGNATURE: Manuel J. Sedano 4/1/96 305-592-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #