

# 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 # **326131**

1. Corporation Name

**TRAFLAGAR CORP**

(0)

Principal Place of Business

C/O VINCENZO CONSTANTINO  
6446 SO.WEST 39TH TERR.  
MIAMI FL 33155

Mailing Address

C/O VINCENZO CONSTANTINO  
6446 SO.WEST 39TH TERR.  
MIAMI FL 33155



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

25 Country

30 Country

3. Date Incorporated or Qualified

**02/07/1968**

3a. Date of Last Report

**11/22/1995**

4. FEI Number

**59-1218613**

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

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

Yes  No

## 9. Name and Address of Current Registered Agent

**ZACCARO,ANTONIO  
6446 SO.WEST 39TH TERR.  
MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

## 10. Name and Address of New Registered Agent

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 their title after)

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	ZACCARO,ANTONIO	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS	6446 SO.WEST 39TH TERR.	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33155	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME	ZACCARO, JULIA	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
STREET ADDRESS	6446 SO.WEST 39TH TERR.	<input type="checkbox"/> DELETE	
CITY-ST-ZIP	MIAMI FL 33155	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
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STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	

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 addressee.

SIGNATURE: *Antonio Zaccaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/1996

305-661-2741

Date

Daytime Phone #

CR2E034 (12/95)