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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 621823

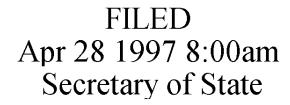
(4)

4TRIAD SALES, INC.

Principal Place of Business

Mailing Address

5575 R.W. SIYTH ST





MIAMI FL 8315		MIAMI FL 33134-1057				
					3. Date Incorporated or Qualified 05/15/1979	3a. Date of Last Report 05/01/1996
2, Principal Place of Business		2a, Mailing Address	2a. Mailing Address		4, FEI Number	Applied For
21		26	26		59-2493959	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		E. Cartificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Z <sub>i</sub> p	Countr	у	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes X No
		of Current Registered Agent			10. Name and Address of New Reg	stered <sup>®</sup> Agent
	LIS, ROBERT M.		81	Name		
	5 S.W. SIXTH ST.		82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33134		Ľ.	The state of the s		5,
			83	3		
			84	City		10-1 - 0
			04	City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Section registered agent, or both, it is familiar with, and accept	ns 607,0502 and 607,1508, Florida Statu n the State of Florida. Such change was it the obligations of, Section 607,0505, F	utes, the above authorized b	re-named corporates.	poration submits this statement for the proton's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of	registered agent and title if applicable (NC	OTE Flegistered Ac	gent signature requi	red when reinstaling)	DATE
12.	OFF	ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PO	☐ DELETE	1.1 HILE			Change Addition
NAME	MILLIS, ROBERT M.		1.2 NAME			-
STREET ADDRESS			1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	MIAMI FL	FL 1/2		ST-ZIP		
TITLE	STD	STD DELETE 2.11				Change Addition
NAME	MILLIS, PHYLLIS I.					
STREET ADDRESS	5575 SW 6TH ST.		2.3 S1REE	I ADDRESS		
CITY-ST-ZIP	LAIALAI EI		2. 4 CITY-			
TITLE			3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			3.4 CITY-	}		
TITLE			4.1 TITLE			Change Addition
NAME			. 4.2 NAME			, _
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CHY-			
TITLE		DELETE 5.1 TITL				Change Addition
NAME			5 2 NAME			
STREET ADDRESS		ŧ		T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			<b>\</b>
TITLE	• · · · · · · · · · · · · · · · · · · ·	DELETE	61 1BLE	- A.H		Change Addition
NAME		_	62 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6 4 CHY-			
we man			■ U → U(( l ·	U1 611		

14. I do 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 chapter, or on an attachment with an address.