

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90218 002 ***150.00

DOCUMENT # F03000002042

1. Entity Name
TRICONT TRUCKING COMPANY



Principal Place of Business
**241 SEVILLA AVENUE
CORAL GABLES, FL 33134**

Mailing Address
**P.O. BOX 149221
CORAL GABLES, FL 33114-9221**

11010133

2. Principal Place of Business

3. Mailing Address
P.O. BOX 149222

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEGAL DEPT.

04152004

Chg-P

CR2E034 (10/03)

City & State

City & State
CORAL GABLES, FL

4. FEI Number

57-1162202

Applied For

Not Applicable

Zip

Country

Zip

33114-9222

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **EL-NAFFY, HANI**
STREET ADDRESS **241 SEVILLA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DV** ☐ Delete
NAME **INSERRA, JOHN F**
STREET ADDRESS **241 SEVILLA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **DV** ☐ Delete
NAME **MANCILLA, SERGIO**
STREET ADDRESS **241 SEVILLA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VS** ☐ Delete
NAME **JORDAN, BRUCE A**
STREET ADDRESS **241 SEVILLA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **V** ☐ Delete
NAME **SCHREIBER, DOUGLAS**
STREET ADDRESS **241 SEVILLA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **TAS** ☐ Delete
NAME **THOMPSON, PETER M**
STREET ADDRESS **241 SEVILLA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **VICENTE, MONICA**
STREET ADDRESS **241 SEVILLA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D/V/CFO** ☒ Change ☐ Addition
NAME **INSERRA, JOHN F.**
STREET ADDRESS **241 SEVILLA AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

DOUGLAS SCHREIBER 4/26/04 305-520-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #