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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 14 PM 3:31

DOCUMENT # **F36787** **(2)**

1. Corporation Name
TRIPLE B INVESTMENTS, INC.

Principal Place of Business	Mailing Address
C/O FLORIDA REGISTERED AGENTS INC. 100 S.E. 2ST #3600 MIAMI FL 33131 US	C/O FLORIDA REGISTERED AGENTS INC. 100 SE 2ST # 3600 MIAMI FL 33131 US c/o George R.

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address Richards, P.A.	3. Date Incorporated or Qualified: 06/01/1981	3a. Date of Last Report: 05/01/1994
21	26 701 Brickell Ave	4. FEI Number: 59-2106376	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1200	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33131 / Country 30 U.S.A.	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C/O FLORIDA REGISTERED AGENTS INC. 100 S.E. 2ST # 3600 MIAMI FL 33131	81 Name: George R. Richards, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave 83 Suite 1200 84 City: Miami FL 85 Zip Code: 33131

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: Harry M. Bregman, Pres 4/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	BREGMAN, HARRY P	12 NAME		
STREET ADDRESS	68 NORTHWOODS CIR	13 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP		
TITLE	VS	21 TITLE		☐ Change ☐ Addition
NAME	BREGMAN, BERNICE	22 NAME		
STREET ADDRESS	68 NORTHWOODS CIR	23 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: [redacted] HARRY M BREGMAN FEB 13 95
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0127000 CP