

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G04672** (3)

1. Corporation Name

**TREND BUSINESS FORMS, INC.**



Principal Place of Business

Mailing Address

3200 NW 79 AVE  
6655 S.W. 90TH CT.  
MIAMI FL 33122  
US

3200 NW 79 AVE  
6655 S.W. 90TH CT.  
MIAMI FL 33122  
US

3. Date Incorporated or Qualified  
**10/12/1982**

3a. Date of Last Report  
**02/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **8900 SW 117 AVE**

26 **8900 SW 117 AVE**

4. FEI Number  
**59-2232459**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **C-105**

Suite, Apt. #, etc.  
27 **C-105**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **Miami, FL**

City & State  
28 **Miami, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country  
24 **33186** 25

Zip Country  
29 **33186** 30

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

**MONTIEL, HUGO R.  
9851 SW 121 AVE  
MIAMI FL 33186**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**11395 S.W. 95 ST.**

83

84 City **Miami**

FL

85 Zip Code  
**33176**

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 this is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **GONZALEZ, TOMAS F**  
CITY-ST-ZIP **6655 SW 90TH CT**  
**MIAMI, FL 00000**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **President**  
STREET ADDRESS **Hugo R. Montiel**  
CITY-ST-ZIP **11395 SW 95 ST**  
**Miami, FL 33176**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **Vice President**  
STREET ADDRESS **Hector R. Montiel**  
CITY-ST-ZIP **10701 SW 143 STREET**  
**Miami, FL 33176**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 address.

SIGNATURE:

**Hugo Montiel**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

**4/29/94** (305) 274-8410  
Date Daytime Phone #

CR2E034 (12/95)