03-02-1999 90009 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

TRILLILLO REAL ESTATE COMPANY INC

Principal Place of Business	Mailing Address	
100 NW 23RD ST	1100 NW 23RD ST	
WIAMI FL 33127	MIAMI FL 33127	
J\$	US	

i ilicipai riace	or Dusiness	Malling Hadross			·		
1100 NW 23RD	ST	1100 NW 23RD ST					
MIAMI FL 33127 MIAMI FL 33127 US US							
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					02/09/1983		
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number Applied For		
21 26				59-2312090 Not Applicable			
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22 27					Fee Required		
City & State	& State City & State				6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country			8. This corporation owes the current year Intangible		
24	25	29 30)		Personal Property Tax.		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent		
				31 Nam	ime		
	JILLO, LUCAS			32 Stree	reet Address (P.Q. Box Number is Not Acceptable)		
7201	SW 60TH ST			0.100	reet Address (P.O. Box Number is Not Acceptable)		
MIAN	AI FL 33143		Ī	33			
					3 7 0 da		
				34 City	niami Reack FL 85 Zip Code 33141		
11 Purcuant t	to the provisions of Sections 607	0502 and 607 1508. Florida Statutes.	the ab	we name	med comparation submits this statement for the purpose of changing its registered		
office or re	egistered agent or both in the St	ate of Florida. Such change was auth	orized	by the col	corporation's board of directors. I hereby accept the appointment as registered		
agent. I ar	m familiar with, and accept the ob	ligations of, Section 607.0505, Florid	a Statui	es.			
SIGNATURE	Signature, typed or printed name of registered	(NOTE P	atawad A	sont eignatur	ature required when reinstating) DATE		
12.		AND DIRECTORS	13.	gent signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITL		Change ☐ Addition		
	TRUJILLO, LUCAS		1.2 NAM				
NAME			1		RESS 260 S. Coconut Lone		
STREET ADDRESS	7201 S W 60TH ST			EET ADDRES	Miami Reach FL 3341		
CITY-ST-ZIP	MIAMI FL.	□ DELETE	_	'-ST-ZIP	TX Change ☐ Addition		
TITLE	\$	□ DELETE	2.1 TITL		J. Salaringo		
NAME	TRUJILLO, VIOLETA		2.2 NAN	-	RESS 260 S. COCONUT LAKE		
STREET ADDRESS	7201 SW 60TH ST		2.3 STR	EET ADDRES			
CITY-ST-ZIP	MIAMI FL		2.4 CIT	Y-ST-ZIP	1110111		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME			3 2 NAA	1E			
STREET ADDRESS			3 3 STR	EET ADDRES	RESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL		☐ Change ☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD		RESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition		
TITLE			5.2 NAA				
NAME				EET ADDRES	pecs		
STREET ADDRESS					ness		
CITY-ST-ZIP		The state	5.4 CIT 6.1 TITL	/-ST-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETE	6.1 IIIL		☐ Change ☐ Addition		
	l		■ 67 NAN	AP-	1		

CITY-ST-ZIP 14. 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 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 an an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(205) 633 6482