

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H37736** (6)

1. Corporation Name

TRAFALGAR FINANCIAL CORPORATION

95 MAR -9 PM 3: 57

Principal Place of Business

% TRAFALGAR DEVELOPERS OF FLORIDA, INC.
275 FONTAINEBLEAU BLVD.
MIAMI FL 33172

Mailing Address

% TRAFALGAR DEVELOPERS OF FLORIDA, INC.
275 FONTAINEBLEAU BLVD.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified **01/11/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number **59-2494425** Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VA**
NAME **ROZA, FRANK**
STREET ADDRESS **275 FONTAINEBLEAU BLVD**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD**
NAME **DETERDING, JOHN C.**
STREET ADDRESS **260 LONG RIDGE RD**
CITY-ST-ZIP **STAMFORD CT**

TITLE **PSD**
NAME **NASMYTH, FERNANDO A.**
STREET ADDRESS **275 FONTAINEBLEAU BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE **DVA**
NAME **KLOSTER, BURTON J., JR.**
STREET ADDRESS **260 LONG RIDGE RD.**
CITY-ST-ZIP **STAMFORD CT**

TITLE **VT**
NAME **LUZURIAGA, J.D.**
STREET ADDRESS **275 FONTAINEBLEAU BLVD**
CITY-ST-ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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)(b), 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 in an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank A. Roza **FRANK A. ROZA V.P.**

2/20/95 (JWS) **227-4902**