FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H37736** **(6)**

1. Corporation Name

TRAFALGAR FINANCIAL CORPORATION

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

3. Date Incorporated or Qualified: **01/11/1985**

3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business
21
Street Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 Section 605.0902 and F.S. 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 605.0904, Florida Statutes.

SIGNATURE (Typed or Printed Name of Registered Agent and Title if Officer or Other) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	VA	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	ROZA, FRANK		2 NAME	
STREET ADDRESS	275 FONTAINEBLEAU BLVD		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	DETERDING, JOHN C.		2 NAME	
STREET ADDRESS	260 LONG RIDGE RD		3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT		4 CITY-ST-ZIP	
TITLE	PSD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	NASMYTH, FERNANDO A.		2 NAME	
STREET ADDRESS	275 FONTAINEBLEAU BLVD.		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	
TITLE	DVA	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	KLOSTER, BURTON J., JR.		2 NAME	
STREET ADDRESS	260 LONG RIDGE RD.		3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT		4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	LUZURIAGA, J.D.		2 NAME	
STREET ADDRESS	275 FONTAINEBLEAU BLVD		3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL		4 CITY-ST-ZIP	
TITLE		☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I 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 added on an attachment with an address.

SIGNATURE: Frank A Roza 2/2/96 (305) 223-5243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #