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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## FILED Apr 15 1997 8:00am Secretary of State

	1997		DIVISION OF C	ORPORATI	ONS						
	MENT # H49	9622	(4)								
TRISTAN	R TRADING, INC.									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(11) ( <b>51</b> )
Principal Plac	e of Business	Maili	Mailing Address				OKOKI TILA OKOKO POLIQ DIKAL	(1101 III) <b>(</b>			JIBH 1961
AGGRO COASTLAND CENTER 1804 N. TAMIAMI TRAIL NAPLES FL 34102 US 2. Principal Place of Business		1804 1	AGGRO COASTLAND CENTER 1804 N. TAMIAMI TRAIL NAPLES FL 34102-4801 US								
						03/3	e Incorporated or Q 22/1985	ualified	10/02/1996		
2. Principa! F 21	lace of Business	f	2a. Mailing Address			1	Number -0040745				plied For
Suite, Apt. #, etc		s	Suite, Apt. #, etc.				tificate of Status De	sired	Not Applicable \$8.75 Additional		
City & State			City & State							Fee Re	<u> </u>
23		28	<del>}</del>				ction Campaign Fine st Fund Contribution	-	\$5.00 May Be Added to Fees		
Zip	Country	<b>├</b> ──\	ip	Country	/	ſ	s corporation has lia				. 199.032,
24	9, Name and Address	29 29 of Current Register	red Agent	30			ida Statutes ne and Address of		Yes		
PATI	EL, MAHENDRA D.			81	Name	10. 140	110 0110 1100100	11017 1107	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1804 N. TAMIAMI TRAIL-AGGRO					Street	Address (P.O. I	Idress (P.O. Box Number is Not Acceptable)				
NAP	LES FL 34102			82		7.00.000 (1 .0. (	SON HUMBER IS 14017	10000100			
				83	]						
				84	City				<u></u>	85 Zip (	Code
11 Pursuant	to the provisions of Section	ns 607 0502 and 607	1508 Florida Statute	es the above	e-named	Corporation sul	hmits this statement	for the n	FL	hanning its	s registered
office or r	to the provisions of Section registered agent, or both, in am familiar with, and accept	n the State of Florida	Such change was a	authorized by	y the cor	poration's board	d of directors. I here	by accep	t the appoi	ntment as	registered
SIGNATURE	and the their bridge	to the configurations of, c	0001011 007.0003, 710	nica Statoto	ø.						
	Signal as typics or printed name of				ent signaturi	e required when reinst			DATE		
12. 1016	OFFI	ICERS AND DIRECT	DELETE DELETE	1.1 TITLE		ADD	ITIONS/CHANGES	TO OFFIC	ERS AND	Change	RS IN 12
NAME	PATEL, MAHENDRA D	<b>)</b> .	D 22557	1.2 NAME			MAHRNDR	4 b.	•	n offininge	[ ] Tability
STREET ADDRESS	1455 NW 107 AVENUE				ADDRESS		MMIAMI TK.				ı
CHY ST-78	MIAMI FL			1.4 CITY-5			, Fug. 341				
MUF	D		DELETE	2.1 TITLE		P				Change	Addition
NAM1	PATEL, USHA M.			2.2 NAME			usham,	اند			
STREET ADDRESS	9771 NW 57 LANE MIAMI FL			ſ	ADDRESS		TRUS HILL L				
City-St-ZiP THLE	MINNI FL		DELETE	2.4 CITY - 3.1 TITLE	ST-ZIP	NAPLES	PLA. 30	1107		Change	Addition
NAME !	}		hand which the	3.2 NAME					_	onango	
STREET ADDRESS				3.3 STREET	ADDRESS						
CHY+S1+2IP	Í			3.4. CITY-							
TI7 LE			DELETE	4.1 TITLE						Change	Addition
NAME				4. 2 NAMÉ		1					}
STREET ADORESS					ADDRESS						
CITY - ST - ZIP			DELETE	4.4 CITY - 5 5.1 TITLE	ST-ZIP	ļ				Change	Addition
NAV!			الله الله	5.1 TITLE 5.2 NAME		1			L	—i ∩istriĀt	- Annitroit
STREET ADDRESS				•	ADDRESS	1					
City S1-ZiF				5.4 CITY - 8		1					
tillf			DELETE	61 TITLE		<b> </b>				Change	Addition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS						
C-TY-S1 70°				6.4 CITY-5	iT - ZiP			<u>.</u>			
14. Ldo here!	by certify that the information	on supplied with this.	filing does not qualif	y for the exe	emption s	stated in Section	119.07(3)(i), Florida	a Statutes	s. I further o	ertify that	the

14. I do 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 no 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

(941)435 7288

Daytime Phone #

CR2E034 (9