SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON LAST DAY OF [illegible]
AMOUNT DUE ON OR BEFORE 07/25: [illegible] IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE: $375.

APPROVED
AND
FILED

96 SEP 16 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # H55845 (2)
Corporation Name

TRIANGLE TRANSPORT SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O LAMONT & NEIMAN (P.A.) 2 SOUTH BISCAYNE BLVD., #3550 MIAMI FL 33131 US	C/O LAMONT & NEIMAN (P.A.) 2 SOUTH BISCAYNE BLVD., #3550 MIAMI FL 33131 US

c/o

3. Date Incorporated or Qualified: 05/06/1985	3a. Date of Last Report: 08/08/1995
4. FEI Number: 65-0200882	☐ 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	

21 Principal Place of Business: 13605 S. DIXIE HIGHWA	26 Mailing Address: BERENFELD ET AL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: 7700 N. KENDALL DR #805
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI, FLORIDA
24 Zip: -33176 / 25 Country: U.S.A.	29 Zip: 33156 / 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

LAMONT & NEIMAN (P.A.)
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ABNER SCHOENWETTER
82 Street Address (P.O. Box Number is Not Acceptable): 13605 S. DIXIE HIGHWAY
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: Abner Schoenwetter Pres 8/6/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST SCHOENWETTER, ABNER 145 MADEIRA CORAL GABLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOENWETTER, ABNER 145 MADEIRA CORAL GABLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	400001961054 -10/01/96--01120-004 ****225.00 ****225.00 ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Add

$ 8/6

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)(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.

Abner Schoenwetter ABNER SCHOENWETTER PRE 9/10/96
SIGNATURE OF OFFICER OR DIRECTOR