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PROFIT CORPORATION ANNUAL REPORT



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

1996

K14094

(2)

TRIUMPH DESIGNS, INC.								
Principal Place of Business  18953 N.E. 3RD CT. N. MIAMI BCH. FL 33179		Mailing Address 18953 N.E. 3RD CT. N. MIAMI BCH. FL 33179		L 18618HI 381 HOU BISH 5345 HUIL	, widi 41411 0141	, prest 8184) Bl	G:Str (\$4)	
				3. Date filooporated of determine		of Last Report 4/03/1995		
. Principal Place	e of Business	2a. Mailing Address	5	4. FEI Number			oplied For ot Applicable	
1		26	to the	65-0034129		\$8.75		
Suite, Apt. #,	etc.	Suite, Apt. #, et	S.C.	5. Certificate of Status Desired			equired	
City & State		Cty & State		6. Election Campaign Financing			May Be	
City & State		28		Trust Fund Contribution			to Fees	
Zip	Country	Zip	Country	B. This corporation has liability for     Elogida Statutes	intangible ta s ∷∏No	ix under s. 1	.55.032,	
a .	25	29	30	Florida Statutes Yes  10. Name and Address of New I	Registered	Agent		
	9. Name and Address of Curren	nt Registered Agent	81 Name					
				Address (P.O. Box Number is Not Accepta	(ble)			
HERZFELD, JEFFREY			82 Street A	sources to two true troop is not Accepted				
18953 N	.E. 3RD CT.		83		_ <del>_</del>			
N. MIAMI BCH. FL 33179			84 City			<b>85</b> Zip	Code	
				rporation submits this statement for the publicand of directors. Thereby accept the app	FL	anging its re	oistered office	
	i, and accept the obligations of, ook	ction 607.0505, Florida St	iuthorized by the corporation is bitatutes  [Maint: Feeplifood Agent agent to re-	s and aby mostation	DATE			
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(4) To hereby certify that the information supplies with this given it is contained that any signature shall have the same legal effect as it made under certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify that I am an officer or first to a title columnation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter columnation at tachment with an address.

SIGNATURE:

TOTAL AND TYPED OR MINITED NAME OF EIGNING OFFICER OR DIRECTOR

19/9/ 3

305-652-2352