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

PROFIT CORPORATION ANNUAL REPORT

1998



" FLORIDA DEPARTMENT OF STATE

Sandra B. Morthayh

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name K49487

(7)

FILED Apr 27 1998 8:00am Secretary of State

TRELLI	S INVESTMENTS, INC.				II II
Principal Place	e of Business	Mailing Address		{	IG II BIOLE DIDEL DIDEL BIOLI BIOLI BIOLI IDBI
WE SECRICE IN MODULES. WE SAUDEROUSE IN MODULES. WE SAUDEROUSE IN MODULES.		N XSSONRASECTIC MORNITUSX Bilb middle-thveryddik "Wody Rtxumuobrrancectik xoxorxaca		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/07/1988	
2. Principal Pi	lace of Business	2a, Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21 1910	_NW 97thAVE	26 1910 NW 977	Th AVE	65-0118407	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23 MIAM		——————————————————————————————————————	N T D 2	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 MIAMI FLO	DRIDA Country	8. This corporation owes or has paid to	
24 331	72 25 US	29 33172 3	o us	Personal Property Tax due June 30	I
	9. Name and Address of Current			10. Name and Address of New Regis	tered Agent
11. Pursuant	THE provisions of Sections 607,0502	and 607.1508, Florida Statutes	82 Street Addi 250 83 SUI 84 City	ARMANDO MENDIVE ress (P.O. Box Number is Not Acceptable) CATALONIA AVE TE 705. AL GABLES corration submits this statement for the purplicion's board of directors. I hereby accept the	FL 85 Zip Code 33172
agent. I at SIGNATURE	m lamilia with add eac of thoobligat	ions of, Section 607.0505, Florid	norized by the corporation of the statutes. Registered Agent signature requirements.		y-9-98
12.		DIRECTORS (NOTE: F	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	DPVS	DELETE	1.1 TITLE		Change Addition
NAME	RINCON, LUIS A JR		1.2 NAME];
STREET ADDRESS	2101 NW 82ND AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE		[] DELETE	2.1 TiTLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	•	[3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Drifte	5.4 CITY - S1 - ZIP		Choose
TITLE	:	☐ DELETE	6.1 TITLE		Change Addition
NAME OTTOTE ADDRESS			6.2 NAME		j
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY+ST-ZIP		1

14. Thereby 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 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 changes, or on an attractiment with an abscess.