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 # **K81574** **(1)**

1. Corporation Name

TRONCO AMERICA CORP.

Principal Place of Business	Mailing Address
3080 CENTER ST COCONUT GROVE FL 33133	3080 CENTER ST COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: **04/19/1989**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business	2a. Mailing Address
21 701 Brickell Ave.	26 701 Brickell Ave.
Suite, Apt. #, etc. 22 Suite 3000	Suite, Apt. #, etc. 27 Suite 3000
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131 Country 25	Zip 29 33131 Country 30

4. FEI Number: **65-0115700** ☐ 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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

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 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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	D	☐ DELETE	1 1 TITLE	D/P	☒ Change ☐ Addition
NAME	STEIN, ALEJANDRO		1 2 NAME	Stein, Alejandro	
STREET ADDRESS	177 OCEAN LANE DR #1012		1 3 STREET ADDRESS	3080 Center St.	
CITY-ST-ZIP	KEY BISCAYNE FL		1 4 CITY-ST-ZIP	Miami, FL 33133-4469	
TITLE	V	☐ DELETE	2 1 TITLE	V/S	☒ Change ☐ Addition
NAME	SCHWARTZ, RICHARD		2 2 NAME	Schwartz, Richard	
STREET ADDRESS	3080 CENTER ST		2 3 STREET ADDRESS	3080 Center Street	
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP	Miami, FL 33133-4469	
TITLE		☐ DELETE	3 1 TITLE	T	☐ Change ☒ Addition
NAME			3 2 NAME	Stein, Andre T.	
STREET ADDRESS			3 3 STREET ADDRESS	3080 Center Street	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	Miami, FL 33133	
TITLE		☐ DELETE	4 1 TITLE	D	☐ Change ☒ Addition
NAME			4 2 NAME	Maynard, Carl K.	
STREET ADDRESS			4 3 STREET ADDRESS	3080 Center Street	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	Miami, FL 33133-4469	
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

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5-1-96 OR

CR2E034 (12/95)

14. 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)(k), 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 on an attachment with an address.

SIGNATURE: _____ APR-24-96 447-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #