

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

**97 APR -3 PM 1:48**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**



**DOCUMENT # L15757 (2)**  
1. Corporation Name  
**TRAFALGAR ASSOCIATES II, INC.**

Principal Place of Business  
**275 FONTAINEBLEAU BLVD #200 MIAMI FL 33172-4597**

Mailing Address  
**275 FONTAINEBLEAU BLVD #195 MIAMI FL 33172-4574 US**

3. Date Incorporated or Qualified **09/08/1989** 3a. Date of Last Report **02/05/1996**

4. FEI Number **65-0158569** Applied For  Not Applicable

6. 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

2. Principal Place of Business

21 **6505 Blue Lagoon Drive** 26 **6505 Blue Lagoon Drive**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 250** 27 **Suite 250**  
City & State City & State

23 **Miami, Florida** 28 **Miami, Florida**  
Zip Zip Country Country

24 **33126-6001** 25 Country 29 **33126-6001** 30 Country

9. Name and Address of Current Registered Agent

**CACICEDO, RAMON R. JR.**  
**275 FONTAINEBLEAU BLVD.**  
**#195**  
**MIAMI FL 33172-4597**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6505 Blue Lagoon Drive Suite 240**

83  
84 City **Miami, Florida** FL 85 Zip Code **33126-6001**

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 607.0506, Florida Statutes.

SIGNATURE **APR 1 1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CACICEDO, RAMON R.</b>	
STREET ADDRESS	<b>275 FONTAINEBLEAU BLVD., STE 200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TVS</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, JOSE ANTERO</b>	
STREET ADDRESS	<b>275 FONTAINEBLEAU BLVD., STE 200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, GUS</b>	
STREET ADDRESS	<b>275 FONTAINEBLEAU BLVD., STE 200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6505 Blue Lagoon Drive Suite 250</b>
1.4 CITY-ST-ZIP	<b>Miami, Florida 33126-6001</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>6505 Blue Lagoon Drive Suite 250</b>
2.4 CITY-ST-ZIP	<b>Miami, Florida 33126-6001</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>6505 Blue Lagoon Drive Suite 250</b>
3.4 CITY-ST-ZIP	<b>Miami, Florida 33126-6001</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>000002132720-0</b>
4.4 CITY-ST-ZIP	<b>-04/03/97-01065-026</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>****165.00 ****165.00</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 **Jose Antero Gonzalez, VP 305-265-1771 APR 1 1997**

CR2E034 (9/96)