

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 # **L56521** (2)

1. Corporation Name

TRAFALGAR ASSOCIATES OF SHERIDAN, INC.



Principal Place of Business

Mailing Address

**275 FONTAINEBLEAU BLVD
#200
MIAMI FL 33172-4597**

**275 FONTAINEBLEAU BLVD
#200
MIAMI FL 33172-4597**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/07/1990

3a. Date of Last Report
03/22/1995

4. FEI Number

65-0200250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees 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

10. Name and Address of New Registered Agent

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

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

Signature of the person making the statement of registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OF OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**PD
CACICEDO, RAMON R.
275 FONTAINEBLEAU BLVD
MIAMI FL**

TITLE ☐ DELETE

NAME
**VST
GONZALEZ, JOSE, ANTERO
275 FONTAINEBLEAU BLVD
MIAMI FL**

TITLE ☐ DELETE

NAME
**V
HERNANDEZ, GUS
275 FONTAINEBLEAU BLVD
MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ 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 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

Jose Antero Gonzalez, VP 1-22-96 305-221-3710

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)