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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR -3 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 #195 MIAMI FL 33172-4574 US

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business
21: 6505 Blue Lagoon Drive
22 Suite, Apt. #, etc.: Suite 250
23 City & State: Miami, Florida
24 Zip: 33126-6001 25 Country:

2a. Mailing Address
26: 6505 Blue Lagoon Drive
27 Suite, Apt. #, etc.: Suite 250
28 City & State: Miami, Florida
29 Zip: 33126-6001 30 Country:

4. FEI Number: 65-0200250 ☐ 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

CACICEDO, RAMON R. JR ESQ
275 FONTAINBLEAU 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 607.0505, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CACICEDO, RAMON R. 275 FONTAINBLEAU BLVD MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST GONZALEZ, JOSE, ANTERO 275 FONTAINEBLEAU BLVD MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	6505 Blue Lagoon Drive #250 Miami, Florida 33126-6001	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HERNANDEZ, GUS 275 FONTAINBLEAU BLVD MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	6505 Blue Lagoon Drive #250 Miami, Florida 33126-6001	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	800002132712--6 04/03/97-01066-025 ****165.00 ****165.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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