

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L57106

(1)

1. Corporation Name

TREBARSIM CORPORATION

Principal Place of Business

145 CURTISS PARKWAY
MIAMI SPRINGS FL 33166

Mailing Address

145 CURTISS PARKWAY
MIAMI SPRINGS FL 33166

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CARLSON, ALEX E.
145 CURTISS PARKWAY
MIAMI SPRINGS FL 33166

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 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
STREET ADDRESS
CITY, STATE, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not apply for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report is a true and accurate statement of the facts and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:

ALEX E. CARLSON, P.A.
ATTORNEY AT LAW
145 CURTISS PARKWAY
POST OFFICE BOX 660664
MIAMI SPRINGS, FLORIDA 33166

SIGNATURE OF REGISTERED AGENT



3. Date incorporated or Qualified
03/09/1990

3a. Date of Last Report
07/13/1995

4. FEE Number
NOT APPLICABLE

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. 193.032,
Florida Statutes.

Yes No

10. Name and Address of New Registered Agent

CR2E034 (12/95)