FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L76404 (7)

1. Corporation Name
TRIPPE & COMPANY, INC.

Principal Place of Business
C/O KENNETH A.B. TRIPPE
SUITE 16, 5915 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

Mailing Address
C/O KENNETH A.B. TRIPPE
SUITE 16, 5915 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1990
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business: 21 2134 FISHER IS. DR
Suite, Apt #, etc.: 22
City & State: 23 FISHER IS. FL
Zip: 24 33109 Country: 25 USA

2a. Mailing Address: 26 2134 FISHER IS. DR
Suite, Apt # etc: 27
City & State: 28 FISHER IS, FL
Zip: 29 33109 Country: 30 USA

4. FEI Number: 65-0204528 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TRIPPE, KENNETH A.B.
SUITE 16
5915 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name: TRIPPE, KENNETH A.B.
82 Street Address (P.O. Box Number is Not Acceptable): 2134 FISHER IS. DR.
83
84 City: FISHER IS. FL 85 Zip Code: 33109

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: Kenneth A.B. Trippe DATE: 26 April 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	TRIPPE, KENNETH A.B.	12 NAME	
STREET ADDRESS	5915 PONCE DE LEON BLVD.	13 STREET ADDRESS	2134 FISHER IS. DR
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	FISHER IS, FL 33109
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Kenneth A.B. Trippe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH A.B. TRIPPE

26 April 1995 — Date
305 538 5999 — Daytime Phone #

0169763 CP