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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M03242

(8)

FILED Apr 06 1998 8:00am Secretary of State

TRUST	INC.				<u> </u>
Principal Plac	e of Business	Mailing Address			
8405 N.W. 53		8405 N.W. 53RD STREET		1	
SUITE C-100 SUITE C-100					
MIAMI FL 33	166	MIAMI FL 33166		DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualified	
3 Oringinal D	leas of Dusiness	2a Mailina Address		07/26/1984 4. FEI Number	T IA CLES
	lace of Business	2a. Mailing Address	6 Augania	1	Applied For
21 5201 Suite, Apt.	NW 74 Avenue	26 5201 NW 74 Suite, Apt. #, etc.	4 Avenue	59-2441949	Not Applicable 58.75 Additional
22	n, 910.	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5,00 May Be
23 Miami	. Fl 33166	26 Miami, Fl	33166	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	d the current year Intangible
24 33166	25		30	Personal Property Tax due June 3	30 X h,Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	Istered Agent
FE	rnandez, jose s.		81 Name		
8405 NW 53RD ST. SUITE C-100 MIAMI FL 33166				oddress (P.O. Box Number is Not Acceptable NW 74 Avenue	е)
MIN	AMI PL 33100				
			84 City		FL 85 Zip Code
41 Dureword	to the proviolens of Sections 607.050	2 and 607 1509 Elected Statute	Miami	paragration authorite this statement for the su	
office or r agent. I a	egistered agent, or both, in the State m lamiliar with, and accept the obligation	of Florida Such change was at ations of, Section 607,0505, Flori	uthorized by the corporate Statutes.	corporation submits this statement for the pu oration's board of directors. I hereby accept	the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS ANI		Registered Agent signature r	equired when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	ADDITIONAJONANIZEO TO OTTIOL	Change Addition
NAME	FERNANDEZ, JOSE S.		1.2 NAME		*
STREET ADDRESS	8405 NW 53RD ST., SUITE C	-100	1.3 STREET ADDRESS	5001 NII 74 A	
CITY-ST-ZIP	MIAMI FL 33166	100	1.4 CITY-ST-ZIP	5201 NW 74 Avenue	
TITLE	TC	DELETE	2.1 TITLE	Miami, Fl 33166	Change Addition
NAME	FERNANDEZ, LIDIA		2.2 NAME		
STREET ADDRESS	8405 NW 53RD ST., SUITE C	-100	2.3 STREET ADDRESS	5202 NW 74 Avenue	
CITY-ST-ZIP	MIAMI FL 33166	100	2. 4 CITY - S1 - ZIP	Miami, Fl 33166	
TITLE	VP	DELETE	3.1 TITLE	11241121 12 22 100	Change Addition
NAME	FERNANDEZ, JOSE JR.	—	3.2 NAME		
STREET ADDRESS	8405 NW 53RD ST., SUITE C	-100	3.3 STREET ADDRESS	5201 NW 74 Avenue	
CITY-ST-ZIP	MIAMI FL 33166		3.4 CITY+ST-ZIP	Miami. Fl 33166	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		_ ,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		•
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP)	64 CITY-ST-ZIP		
## 41 h			V 1011 01 EII	11 0 11 110 07(0)(1) 5(11 0) 1 1 1 1	

r nereby 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 informatio indicated on this acquait report or supplemental annual reports 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 control of the control of 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.