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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M53571 (9)

1. Corporation Name
TRINITY RESOURCES, INC.

Principal Place of Business
ERNEST CAPARELLI
2313 S.W. 57 TERRACE
HOLLYWOOD FL 33023

Mailing Address
ERNEST CAPARELLI
2313 S.W. 57 TERRACE
HOLLYWOOD FL 33023-4026



3. Date Incorporated or Qualified 06/10/1987
3a. Date of Last Report 04/22/1996

2. Principal Place of Business 21 Suite, Apt. #, etc.
2a. Mailing Address 26 Suite, Apt. #, etc.
4. FEI Number 59-2832516
Applied For Not Applicable

22 City & State 27 City & State
5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 25 Country 28 Zip 30 Country
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CAPARELLI, ERNEST
2313 S.W. 57 TERRACE
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

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, 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	SD	1.1 TITLE	
NAME	CAPARELLI, ERNEST	1.2 NAME	
STREET ADDRESS	2313 S.W. 57 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MAJO, FRANK	2.2 NAME	
STREET ADDRESS	5733 FUNSTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	SCALZI, SAVERIO	3.2 NAME	
STREET ADDRESS	2455 N.E. 184 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	SEMENTILLI, DANNY	4.2 NAME	
STREET ADDRESS	1984 N.W. 85 DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SCHIANO, AUGUSTO	5.2 NAME	
STREET ADDRESS	320 CLEVELAND ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	TOMASSI, PIETRO	6.2 NAME	
STREET ADDRESS	9431 NW 5 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)