

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90025 005 ***150.00

DOCUMENT # M53571

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1987

4. FEI Number

59-2832516

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

TITLE SD ☐ DELETE

NAME CAPARELLI, ERNEST
STREET ADDRESS 2313 S.W. 57 TERRACE
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ DELETE

NAME ~~MAIO, FRANK~~
STREET ADDRESS ~~5733 PUNSTON ST.~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

TITLE TD ☐ DELETE

NAME SCALZI, SAVERIO
STREET ADDRESS 2455 N.E. 184 ST.
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME SEMENTILLI, DANNY
STREET ADDRESS 1984 N.W. 85 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME SCHIANO, AUGUSTO
STREET ADDRESS 320 CLEVELAND ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ DELETE

NAME ~~TOMASSI, PIETRO~~
STREET ADDRESS ~~9431 NW 5 ST.~~
CITY-ST-ZIP ~~PEMBROKE PINES FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/99

Date

Daytime Phone #

0143474

CR25034/11/98