FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N94000003952 (8)

1. Corporation Name

LA TRINACRIA DI FLORIDA, INC.

Principal Place of Business	Mailing Address
2840 NW BOCA RATON BLVD. SUITE 201C BOCA RATON FL 33431	2840 NW BOCA RATON BLVD. SUITE 201C BOCA RATON FL 33431

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 65-0512426 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ADAMS, ALVIN A
7998 TEXAS TRAIL
BOCA RATON FL 33487

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADAMS, ALVIN A 7998 TEXAS TRAIL BOCA RATON FL 33487	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	400001828584 -05/20/96--01031--046 ***61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STEFANO, ARTHUR D 5701 NW 2ND AVE. #201 BOCA RATON FL 33487	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT ROBERT VETTO 461 MAYA PALM SO BOCA RATON, FL. 33432 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V GIAMBALVO, BARNEY 4894 SUGAR PINE DR. BOCA RATON FL 33487	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	2ND VICE PRESIDENT THERESA VISCUSI 2767 CARAMSOLA CIR SO B303 COCONUT CREEK, FL. 33066 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEFANO, ARLENE D 5701 NW 2ND AVE #201 BOCA RATON FL 33487	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	RECORDING SEC. ROSALIE ADAMS 7998 TEXAS TRAIL BOCA RATON, FL. 33487 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COSENTINO, MARIA 23357 LAGO DEIMAR CIRCLE BOCA RATON FL 33433	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	~~TRUSTEE~~ DIRECTOR ARTHUR D'STEFANO 5701 NW 2ND AVE #201 BOCA RATON FL 33487 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVINO, WILLIAM 18471 OLD PRINCETON LANE BOCA RATON FL 33498	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	~~TRUSTEE~~ DIRECTOR STEVEN CANNAVALE 6261 SWEET MAPLE LANE BOCA RATON FL. 33433 ☐ Change ☒ Addition 5-1-96 JP

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ALVIN A. ADAMS 4/16/96 (407) 347-8112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #