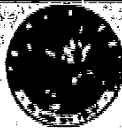


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004734 (9)

1. Corporation Name

TRIM CONSTRUCTION, INC.

Principal Place of Business

**14028 SW 140 STREET
MIAMI FL 33186**

Home Address

**14028 SW 140 STREET
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1992

3a. Date of Last Report

07/28/1994

4. FFI Number

65-0377778

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. 199.03,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

24

City

25

State

29

City

30

State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANGIALETTO, JOHN A JR
14028 SW 140 STREET
MIAMI FL 33186**

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 607.0940 and 607.1506 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 607.0940, Florida Statutes.

SIGNATURE

(Print or type name of registered agent, if any, and sign in the space below)

(Print or type name of registered agent, if any, and sign in the space below)

(Print or type name of registered agent, if any, and sign in the space below)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE	D
NAME	MANGIALETTO, JOHN A JR
STREET ADDRESS	8140 SW 133 STREET
CITY, ST, ZIP	MIAMI FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 NAME	☐ Change ☐ Addition
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 NAME	☐ Change ☐ Addition
18 STREET ADDRESS	
19 CITY, ST, ZIP	
20 NAME	☐ Change ☐ Addition
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 NAME	☐ Change ☐ Addition
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 NAME	☐ Change ☐ Addition
27 STREET ADDRESS	
28 CITY, ST, ZIP	
29 NAME	☐ Change ☐ Addition
30 STREET ADDRESS	
31 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(4), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were 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 1, or Block 1a, of this report or supplemental report with an address.

SIGNATURE:

John Mangialetto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95

305-251-0774