

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 21 1997 8:00am
Secretary of State

DOCUMENT # P93000017681 (6)

1. Corporation Name

TRI COUNTY TITLE & TRUST INC.



Principal Place of Business

7220 NW 36 ST
504
MIAMI FL 33166
US

Mailing Address

7220 NW 36TH ST
MIAMI FL 33166-6700
US

3. Date Incorporated or Qualified

03/09/1993

3a. Date of Last Report

02/23/1996

2. Principal Place of Business

21 7220 NW 36 ST

2a. Mailing Address

26 Suite, Apt #, etc.

22 Suite, Apt #, etc.

STRE 210

27 Suite, Apt #, etc.

23 City & State

MIAMI FL

28 City & State

24 Zip

33166

25 Country

US

29 Zip

30 Country

4. FEI Number

65-0397704

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

PENA, CARLOS
1701 WEST 42ND PLACE
#58
HIALEAH FL 33012

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, in both, to 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 of the person named as registered agent, if the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D PENA, CARLOS
1701 WEST 42ND PLACE #58
HIALEAH FL 33012

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D VILLANUEVA, CARLOS J
174 ISLA DORADA BLVD.
CORAL GABLES FL 33143

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 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 #

0228072

CR2E034 (9/96)