

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL -7 AM 9:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000024137 (0)

1. Corporation Name

RICK TRIANA FENCE, INC.

Principal Place of Business

27431 S.W. 167TH AVE.
HOMESTEAD FL 33031

Mailing Address

PO BOX 4010
HOMESTEAD FL 33092
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0397637

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

2. Principal Place of Business

21 1116 N Flagler Ave

2a. Mailing Address

26 1116 N Flagler Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Homestead FL

City & State

28 Homestead FL

Zip

24 33030

Country

25 USA

Zip

29 33030

Country

30 USA

9. Name and Address of Current Registered Agent

TRIANA, RAMON E
27431 S.W. 167TH AVE.
HOMESTEAD FL FL33031

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16800 SW 272 St.

83

84 City

Homestead

FL

85

Zip Code

33031

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	NAME	STREET ADDRESS	CITY - ST - ZIP
D	TRIANA, RAMON E	16800 SW 272 ST	HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D/P				☒	☐

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 110.07(3)(k), 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 previously filed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

6-29-95 (305) 2485804

CR2E034 (3/95)