FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:44

DOCUMENT # **P93000024404 (4)**

1. Corporation Name
TRIANGLE IMPORT AND EXPORT, INC.

Principal Place of Business	Mailing Address
4801 N W 126 RD OPALOCKA FL 33054 US	P O BOX 522921 MIAMI FL 33152 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1993
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21 13851 S.W. 139 Court
22 Suite, Apt. #, etc.
23 City & State: Miami, Florida
24 Zip: 33186
25 Country: USA

2a. Mailing Address
26 P.O. Box 522921
27 Suite, Apt. #, etc.
28 City & State: Miami, Florida
29 Zip: 33152
30 Country: USA

4. FEI Number: 65-0408332 ☐ 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

WEITZMAN, JACK L
11420 S.W. 109 ROAD
MIAMI FL 33176

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, SERGIO SR	12 NAME	SMITH, SERGIO SR.	
STREET ADDRESS	6730 N.W. 68 STREET	13 STREET ADDRESS	13851 S.W. 139 Ct.	
CITY-ST-ZIP	MIAMI FL 33166	14 CITY-ST-ZIP	Miami, FL 33186	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SMITH, FRANK	22 NAME	SMITH, FRANK	
STREET ADDRESS	6730 N.W. 68 STREET	23 STREET ADDRESS	13851 S.W. 139 Ct.	
CITY-ST-ZIP	MIAMI FL 33166	24 CITY-ST-ZIP	Miami, FL 33186	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	SMITH, SERGIO JR	32 NAME	SMITH, LINDA V.	
STREET ADDRESS	6730 N.W. 68 STREET	33 STREET ADDRESS	13851 S.W. 139 Ct.	
CITY-ST-ZIP	MIAMI FL 33166	34 CITY-ST-ZIP	Miami, FL 33186	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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

SIGNATURE: X Frank Smith Frank Smith V 4/1/95 (305)769-9233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #