


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

FILED

Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000024404 (4)</b> 1. Corporation Name <b>TRIANGLE IMPORT AND EXPORT, INC.</b>					
Principal Place of Business 13851 S.W. 139TH COURT MIAMI FL 33186 US		Mailing Address 13851 S.W. 139TH COURT MIAMI FL 33186 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/29/1993</b> 4. FEI Number <b>65-0589704</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CHASE, CHRISTOPHER</b> <b>13851 S.W. 139TH COURT</b> <b>MIAMI FL 33186</b>				10. Name and Address of New Registered Agent 81 Name <b>HALL JAMES</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>13851 SW 139 CT</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33186</b>	
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 <u>James M Hall PRESIDENT</u> DATE <u>1/28/98</u> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE <b>PSD</b> <input checked="" type="checkbox"/> DELETE NAME <b>CHASE, CHRISTOPHER</b> STREET ADDRESS <b>13851 S.W. 139TH COURT</b> CITY-ST-ZIP <b>MIAMI FL 33186</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>HALL, JAMES</b> 1.3 STREET ADDRESS <b>13851 SW 139 CT</b> 1.4 CITY-ST-ZIP <b>MIAMI, FL 33186</b> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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: James M Hall **JAMES M. HALL**

1/8/98(305)252-0029  
Date Daytime Phone # 0257857

CR2E034 (10/97)