SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT 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 AUG -9 PM 2:32

DOCUMENT # P93000046169 (7)

1. Corporation Name

TRIUMPH INTERNATIONAL AGENCY, INC.

Principal Place of Business	Mailing Address
PO BOX 150512 ALTAMONTE SPRINGS FL 32715-0512	PO BOX 150512 ALTAMONTE SPRINGS FL 32715-0512

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3190722 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SHAW, SCOTT
200 MAITLAND AVE
APT 216
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: CHRISTOPHE COUALLIER
82 Street Address (P.O. Box Number is Not Acceptable): 849 S. WYMORE Rd. ; #26A
83:
84 City: ALTAMONTE SPGS FL 85 Zip Code: 32714

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: Couallier CHRISTOPHE COUALLIER, PRESIDENT AUGUST 3/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D, P, T	☑ Change ☐ Addition
NAME	COUALLIER, CHRISTOPHE	1.2 NAME	COUALLIER, CHRISTOPHE	
STREET ADDRESS	200 MAITLAND AVE APT 216	1.3 STREET ADDRESS	849 S. WYMORE Rd. # 26A	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	SHAW, SCOTT	2.2 NAME	SCOTT SHAW HAS BEEN REMOVED	
STREET ADDRESS	200 MAITLAND AVE APT 216	2.3 STREET ADDRESS	FROM THE BOARD OF DIRECTORS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	S	☐ Change ☑ Addition
NAME		3.2 NAME	ROMAN INOCHOVSKY	
STREET ADDRESS		3.3 STREET ADDRESS	132 POWELL BLVD. ; #9307	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Couallier CHRISTOPHE COUALLIER AUG. 3/95 862-3892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131480 FP