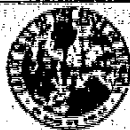


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO REINSTATE: \$275)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000046169 (7)

1. Corporation Name

TRIUMPH INTERNATIONAL AGENCY, INC.

Principal Place of Business

PO BOX 150512  
ALTAMONTE SPRINGS FL 32715-0512

Mailing Address

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

4. FEI Number

59-3190722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SHAW, SCOTT  
200 MAITLAND AVE  
APT 218  
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

*Christophe Couallier* CHRISTOPHE COUALLIER, PRESIDENT

AUGUST 3/95

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COUALLIER, CHRISTOPHE  
STREET ADDRESS 200 MAITLAND AVE APT 218  
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32701

TITLE D  
NAME SHAW, SCOTT  
STREET ADDRESS 200 MAITLAND AVE APT 218  
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32701

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P, T  
1.2 NAME COUALLIER, CHRISTOPHE  
1.3 STREET ADDRESS 849 S. WYMORE Rd. # 26A  
1.4 CITY - ST - ZIP ALTAMONTE SPRINGS, FL 32714

2.1 TITLE  
2.2 NAME SCOTT SHAW HAS BEEN REMOVED  
2.3 STREET ADDRESS FROM THE BOARD OF DIRECTORS  
2.4 CITY - ST - ZIP

3.1 TITLE S  
3.2 NAME ROMAN INOCHOVSKY  
3.3 STREET ADDRESS 132 POWELL BLVD.; # 9307  
3.4 CITY - ST - ZIP DAYTONA BEACH, FL 32114

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(b), 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:

*Christophe Couallier* CHRISTOPHE COUALLIER

AUG. 3/95

862-3892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #